

Case Number:	CM15-0018587		
Date Assigned:	02/06/2015	Date of Injury:	08/01/2001
Decision Date:	03/25/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 67 year old male with an industrial injury date of 08/01/2002. He presents on 12/24/2014 with complaints of headache and back pain with pain radiating to left leg. Physical exam noted persistent lumbar spine tenderness. He was recently diagnosed with right carotid artery obstruction. Diagnosis was post laminotomy pain syndrome, left lumbar radiculitis, gastritis, adult onset diabetes mellitus, hypertension, cervical spondylosis; Parkinson's and right coronary artery obstruction. Abdominal ultrasound was requested at visit dated 12/04/2014. On 01/09/2015 the request for abdominal ultrasound was non-certified by utilization review. "Refer to Harrison's Textbook of Internal Medicine."

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Abdominal Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, abdominal ultrasound is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. The injured worker's working diagnoses are gastroesophageal reflux disease secondary to stress and nonsteroidal anti-inflammatory drugs; diabetes mellitus; hypertension; left atrial enlargement; hyperlipidemia; and obstructive sleep apnea. The date of injury is August 1, 2002 (approximately 13 years ago). Subjectively, the injured worker notes improve gastroesophageal reflux disease medication. The injured worker denies abdominal pain and chest pain. Objectively, the abdominal examination is unremarkable. There is no clinical indication or clinical rationale in the medical record documentation to support an abdominal ultrasound. Gastroesophageal reflux disease does not require an abdominal ultrasound. There are no objective findings on physical examination. Consequently, absent clinical documentation with a clinical indication in clinical rationale to support an abdominal ultrasound, abdominal ultrasound is not medically necessary.