

<b>Case Number:</b>	CM15-0121293		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	06/02/2015
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 29 year old male, who sustained an industrial injury on 6/2/15. Initial complaints were documented as left lower abdomen abdominal pain. The injured worker was diagnosed as having abdominal muscle strain. Treatment to date has included core abdominal support brace; ibuprofen. Diagnostics studies included a CT scan of the abdomen (7/2/15). Currently, the PR-2 notes dated 6/22/15 indicated the injured worker presented for a follow-up visit for GI/GU problem. Current symptoms include pain with an onset date of 6/2/15 after being involved in a work-related motor vehicle accident. The GI/GU problem is described as being located in the left abdominal muscle. The injured worker reports standing and sudden movements made it worse. The pain is consistent and rated 7/10. There is no radiation of this pain and described as an ache. On 6/3/15 the provider documents the injured worker complains of mild intermittent discomfort on the left flank when increasing intra-abdominal pressure. He palpates no mass and there is no significant pain documented on this date. On 6/5/15 the injured worker continues to note pain in the left lower flank and states the pain is getting worse because he continued pushing, pulling, and lifting. He has been wearing a core support brace with some mild relief. He has taken ibuprofen which seemed to help a little but also noted that it gave him energy. He denied any numbness, tingling, nausea, vomiting or fever. He is otherwise feeling well. The provider documents the injured worker was discharged from care but unsure why as the note does not specify. The next date of service is documented as 6/22/15 indicating the pain is the same. A physical examination was documented noting tenderness to palpation of the abdomen over the left abdominal wall, no bulging, no hernia, normal bowel sounds, no rebound.

The diagnosis at this time is noted as abdominal pain, likely a pulled muscle, rule out hernia. A CT scan was requested and denied. A CT scan of the abdomen was completed on 7/2/15 with an impression reported of normal noncontrast abdomen CT, except for mild diverticulosis. The provider requested authorization of a CT scan of the abdomen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CT scan of abdomen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/2114236-overview#aw2aab6b2b2>.

**Decision rationale:** Pursuant to Medscape.com, abdominal CAT scan is not medically necessary. Abdominal Scanning is used in the emergency setting to diagnose complex intra-abdominal conditions, differentiate causes of bowel obstruction, and to evaluate complications of hernia, pancreatitis, biliary tract obstruction, acute vascular compromise and abdominal aneurysms. It is also used in surgical treatment planning and the diagnosis of postoperative complications. In this case, the injured workers working diagnosis is strain of abdominal muscle. Subjectively, the injured worker had left abdominal muscle pain. Objectively, there was tenderness palpation and no hernia was appreciated. There were no red flags and/or significant positive objective findings on physical examination. There were no considerations of bowel obstruction, pancreatitis or acute vascular compromise. There were no preoperative considerations. There was no indication of complication to recovery, co-morbid conditions or extenuating circumstances to warrant the CAT scan of the abdomen. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, abdominal CAT scan is not medically necessary.