

<b>Case Number:</b>	CM15-0125424		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	12/14/2007
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old male, who sustained an industrial injury on December 14, 2007. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having lumbar disc herniation, sciatica, cervical musculoligamentous strain, bilateral rotator cuff tears, status post lumbar laminectomy, lumbar disc disease, lumbar radiculopathy, status post lumbar discectomy surgery, bilateral shoulder impingement, hypertension, gastroesophageal reflux disease, constipation/diarrhea and sleep disorder. Treatment to date has included diagnostic studies, physiotherapy and medication. On May 12, 2015, the injured worker complained of shortness of breath, dizziness, unchanged palpitations, unchanged acid reflux and occasional needle-like chest pain. The treatment plan included a urine toxicology screen, 2D echo and carotid ultrasound, abdominal ultrasound, medications, referral to GI specialist and cardiologist follow-up visit. On June 5, 2015, Utilization Review non-certified the request for an abdominal ultrasound, citing ACOEM Guidelines.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Spengler, Renee. "Doppler Ultrasound."

WebMD.com. WebMD, LLC. 22 May 2005

[http://my.webmd.com/hw/health\\_guide\\_atoz/hw4477.asp?lastselectedguid=\(5FE84E90-BC77-4056-A91C-9531713CA348\)](http://my.webmd.com/hw/health_guide_atoz/hw4477.asp?lastselectedguid=(5FE84E90-BC77-4056-A91C-9531713CA348)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation of Acute Abdominal Pain in Adults, Sarah L. Cartwright, MD, and Mark P. Knudson, MD, MSPH, Am Fam Physician. 2008 Apr 1;77(7):971-978.

**Decision rationale:** According to the referenced literature, an abdominal ultrasound is indicated when there is suspicion of pathology of the abdomen such as mass, pain, aneurysm, abdominal subjective and objective complaints. In this case, the claimant had a normal abdominal exam. A pelvic exam was not performed. There was no mention of nausea, pain, vomiting, fever, jaundice. In addition, there was no mention of peripheral perfusion issues, uncontrolled hypertension, etc. In addition, the claimant was referred to a gastroenterologist. Reflux alone is not an indication for an ultrasound. The request for an abdominal ultrasound is not medically necessary.