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| Case Number: | CM15-0128632 | | |
| Date Assigned: | 07/15/2015 | Date of Injury: | 10/18/2013 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/10/2015 |
| Priority: | Standard | Application Received: | 07/03/2015 |

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 48 year old male, who sustained an industrial injury on 10/18/2013. He reported a sharp pain in his abdomen while sorting boxes. The injured worker was diagnosed as having umbilical hernia with repair, abdominal pain, and acid reflux. Treatment to date has included diagnostics, umbilical hernia repair in 1/2014, and medications. Currently (5/07/2015), the injured worker reported improving abdominal pain and acid reflux. His height was 5'9" and weight was 292 pounds. Exam of the abdomen noted normoactive bowel sounds. He was advised to follow a low fat, low acid diet. Abdominal ultrasound (1/2015) showed fatty infiltration of the liver with enlargement of the spleen. A general surgical consultation report (3/26/2015), noted complaints of moderate constant abdominal pain. No treatment was recommended from a surgical standpoint. The treatment current plan included pending computerized tomography 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 without contrast: 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 Amended 2014 (Resolution 39) ACR-SPR PRACTICE PARAMETER FOR THE PERFORMANCE OF COMPUTED TOMOGRAPHY (CT) OF THE ABDOMEN AND COMPUTED TOMOGRAPHY (CT) OF THE PELVIS, American College of Radiology- pg 2.

Decision rationale: According to the guidelines, CT of the abdomen is indicated for suspicions of a mass, wt loss, obstruction, trauma, planned intervention, cancer history, bleeding, concerns for aneurysn, etc. In this case, the claimant had none of the above and had a normal abdominal exam. The ultrasound was unremarkable. There was no mention of an EGD for acid symptoms or H. Pylori check. The request for a CT of the abdomen is not medically necessary.