MAXIMUS Federal Services

| Case Number: | CM15-0170423 | | |
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| Date Assigned: | 09/11/2015 | Date of Injury: | 07/21/2010 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 08/22/2015 |
| Priority: | Standard | Application Received: | 08/29/2015 |

## 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: North Carolina
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 38-year-old female, who sustained an industrial injury on July 21, 2010. The injured worker was diagnosed as having cervical radiculopathy, cervical five to six disc protrusion with stenosis, shoulder internal derangement, possible convex regional pain syndrome, and suggestive proctalgia fugax. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, laboratory studies, pain injections, and medication regimen. In a progress note dated July 27, 2015 the treating physician reports complaints of intermittent, sharp anal pain radiating forward lasting a few seconds, decreased appetite, nausea, belching, bloating, gurgling, flatus with odor, early satiety, and sharp, burning, cramping pain to the umbilical region radiating to the right flank side that increases with the need to have a bowel movement and improves with flatus or a bowel movement. Examination reveals a mildly tender umbilicus. The treating physician noted prior significant use of the medication Ibuprofen. The evaluation contained laboratory studies from July of 2014 remarkable for a positive Helicobacter pylori blood IgG and IGM that was treated with Amoxicillin, Levaquin, and Omeprazole. The treating physician also noted that the injured worker's current gastrointestinal symptoms were unresponsive to Amoxicillin and Levaquin therapy. On August 07, 2015, the treating physician requested a computed tomography of the abdomen and pelvis, but the documentation did not indicate the specific reason for the requested study. On August 21, 2015, the Utilization Review determined the request for a computed tomography of the abdomen and pelvis to be noncertified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the abdomen and pelvis:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology, Ct abdomen/pelvis.

**Decision rationale:** The California MTUS, ODG and ACOEM do not specifically address the requested services. Per the ACR, indications for CT of the abdomen/pelvis include evaluation of abdominal, flank or pelvic pain, evaluation of renal or adrenal masses, evaluation of known or suspected abdominal/pelvic masses, evaluation of diffuse liver disease, assessment of recurrent tumors, detection of complications following abdominal surgery, evaluation of abdominal inflammatory processes, assessment of abnormalities of the abdominal or pelvic vascular structure, evaluation of abdominal/pelvic trauma, clarification form other imaging studies, evaluation of known or suspected congenital abnormalities, evaluation for small or large bowel obstruction, guidance for interventional procedures, treatment planning for radiation or chemotherapy, pre-and post transplant assessment and noninvasive angiography of the aorta. There are no absolute contraindications for the procedure. In this case, the patient has ongoing abdominal pain however does not meet criteria as cited above for imaging and the request is not medically necessary.