

<b>Case Number:</b>	CM15-0173165		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	06/29/2013
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Tennessee, Florida, Ohio

Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 44 year old female who sustained an industrial injury June 29, 2013, with complaints of low back pain after lifting a case of beer and a bulge in her abdomen. Past treatment included 13 sessions of acupuncture, 12 sessions of chiropractic sessions, and 4 sessions of massage therapy. Past history included a gastric bypass June 23, 2015 (private insurance). A qualified medical examiner evaluation dated June 4, 2015 documented the injured worker claimed her weight increased by 70 pounds in the last 2 years and she underwent hernia surgery February, 2014. In 2011, her weight was noted at 220 pounds. Abdominal examination revealed a tender left and right upper abdomen. Despite asking for Valsalva maneuver, he cannot detect a palpable hernia, bowel sounds are normoactive. According to a primary treating physician's progress report, dated August 14, 2015, the injured worker presented with increased ongoing low back pain and bilateral leg pain. The physician documents; "the injured worker is taking Ultracet and Cymbalta and is having severe stomach pain and vomiting and her surgeon is concerned she may open her incision site". Also, she was advised to stop taking these medications and is currently taking Norco which provides 75% of pain relief for 4 hours. Objective findings included; mildly antalgic gait; tenderness to palpation of the lumbar spine with limited range of motion; sensation is diminished of the right L3, L4 and S1 dermatomes; straight leg raise on the left at 80 degrees causes pain to the toes, straight leg raise on the right at 80 degrees causes pain in the back; positive facet provocation test, left greater than right. The physician does not document a current weight or an abdominal examination. Diagnoses are retrolisthesis L4-5 and L5-S1; neural foraminal narrowing left L4-5; degenerative disc disease

lumbar spine; morbid obesity. Treatment plan included continued request for an MRI of the lumbar spine and medication. At issue, is a request for authorization for a GI consultation to evaluate for possible hernia and a general surgery consultation. (There have been multiple requests for the two consultations; GI and surgeon, beginning in January, 2015, March 2015, April 10, 2015, July 17, 2015, and August 10, 2015). A sleep study, dated March 12, 2015 (report present in the medical record) noted the injured workers weight at 285 pounds. A CT of the abdomen dated June 11, 2015 (report present in the medical record) conclusion; diastasis of the anterior abdominal wall muscles, measuring 7.4cm in width with mild outpouching of the transverse colon; no bowel obstruction; mild reticulonodular opacities in the posterior right lower lobe and very small ground-glass opacities in the bilateral lower lobes along the pleura-findings may reflect inflammation. According to utilization review dated August 28, 2015, the requests for a GI (gastrointestinal) Consultation to evaluate for a possible hernia and a General Surgical Consultation are non-certified.

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

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

**GI consultation to evaluate for possible hernia: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a GI consultation for this patient. The clinical records submitted do not support the fact that this patient has been documented to have a hernia requiring consultation. The California MTUS guidelines address the issue of consultants for pain by stating: "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps." This patient has not been documented to have any recent evidence of a hernia. The patient's most recent CT scan demonstrated an abdominal diastasis. A diastasis is not a hernia. A diastasis is a space between the two sides of the rectus abdominis muscle without a fascial defect. Diastasis do not require surgical repair and are a variation of normal anatomy. A surgical consultation is not indicated in this situation because physiological evidence does not indicate a tissue abnormality or insult. Therefore, a discussion with a consultant is not necessary. Therefore, based on the submitted medical documentation, the request for GI consult to evaluate for possible hernia is not medically necessary.

**General surgery consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004,  
Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a general surgery consultation for this patient. The clinical records submitted do not support the fact that this patient has been documented to have a hernia requiring consultation. The California MTUS guidelines address the issue of consultants for pain by stating: "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps." This patient has not been documented to have any recent evidence of a hernia. The patient's most recent CT scan demonstrated an abdominal diastasis. A diastasis is not a hernia. A diastasis is a space between the two sides of the rectus abdominis muscle without a fascial defect. Diastasis do not require surgical repair and are a variation of normal anatomy. A surgical consultation is not indicated in this situation because physiological evidence does not indicate a tissue abnormality or insult. Therefore, a discussion with a consultant is not necessary. Therefore, based on the submitted medical documentation, the request for general surgery consultation is not-medically necessary.