

<b>Case Number:</b>	CM15-0177415		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	10/06/2010
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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, Texas

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 47 year old female, who sustained an industrial injury on 10-06-2010. She has reported subsequent low back pain, abdominal pain and reflux symptoms and was diagnosed with status post posterior spinal fusion with transforaminal lumbar interbody fusion of L4-S1, lumbar radiculopathy and chronic pain syndrome. Ultrasound of the abdomen and retroperitoneum dated 12-02-2014 showed hepatic fatty infiltration with no evidence of cholelithiasis or cholecystitis. Treatment to date for gastrointestinal upset has included Prilosec and switching oral non-steroidal anti-inflammatory drugs to topical form. In a progress note dated 11-20-2014, the injured worker was noted to have an internal medicine consult with regards to gastrointestinal upset with oral anti-inflammatory medications but there were no subjective complaints or objective gastrointestinal examination findings documented. The physician noted that the injured worker was being prescribed topical pain creams due to history of gastrointestinal upset with multiple oral medications. The injured worker had an esophagogastroduodenoscopy with biopsy performed on 04-14-2015 for epigastric abdominal pain and reflux symptoms and was diagnosed with mild duodenitis, duodenal diverticulum at the area of the ampulla and diffuse gastritis. Biopsies showed moderately severe chronic gastritis and distal esophagus biopsy showed squamocolumnar junction with chronic esophagitis and features suggestive of reflux. In a progress note dated 07-16-2015, the injured worker reported low back pain that was rated as 7 out of 10 with radiation of pain, numbness and tingling down both legs to the feet. There were no subjective gastrointestinal complaints or objective

gastrointestinal examination findings documented. There is a progress note from a gastrointestinal consultant dated 08-05-2015 that is illegible. Work status was documented as temporarily totally disabled. A request for authorization of hepatobiliary (HIDA) scan with Cholecystokinin (CCK) injection, abdomen was submitted. As per the utilization review dated 09-02-2015, the request for hepatobiliary (HIDA) scan with Cholecystokinin (CCK) injection, abdomen was non-certified.

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

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

**Hepatobiliary (HIDA) scan with Cholecystokinin (CCK) injection, abdomen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus (U.S. National Library of Medicine), HIDA Scan.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Functional gall bladder disorders in adults.

**Decision rationale:** The MTUS and ODG is silent regarding the use of HIDA scans. According to uptodate.com regarding patients with suspected gallbladder dysfunction, functional gallbladder disorder is a diagnosis that is considered in patients with typical biliary-type pain who do not have gallstones or gallbladder sludge. It is a diagnosis of exclusion, and the symptoms associated with functional gallbladder disorder may also be seen in patients with various disorders, including gallstone disease, peptic ulcer disease, ischemic heart disease, and functional dyspepsia. To make a diagnosis of functional gallbladder disorder, specific clinical criteria should be met, and other causes for the patient's pain need to be ruled out. Cholecystokinin-stimulated cholescintigraphy is then performed to identify patients who may respond to cholecystectomy. In this case the patient has had an EGD in 4/15 which showed chronic inflammation of the stomach, esophagus and duodenum. The documentation provided to support the need for a HIDA scan is illegible. The documentation supports that a reason for the patient's abdominal pain has been found. There is no further legible documentation provided to support the need for a HIDA scan to look for functional gallbladder disorders. The request is not medically necessary.