

Case Number:	CM15-0070866		
Date Assigned:	04/20/2015	Date of Injury:	04/09/2009
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, 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 54 year old female who sustained an industrial injury April 9, 2009. She has reported abdominal pain and has been diagnosed with abdominal pain, acid reflux secondary to non-steroidal ant-inflammatories, constipation, congenital block vertebrae, status post failed cervical spine syndrome, and kyphotic deformity of the cervical spine. Treatment has included chiropractic care, medical imaging, surgery, physical therapy, and medications. Currently the injured worker complains of unchanged dysphagia, abdominal pain, depression, anxiety, constipation, and poor sleep quality on 2/16/15. Abdomen was soft, non tender, and not distended. There was no guarding. The treatment request included an abdominal ultrasound. The patient sustained the injury due to cumulative trauma The patient has had negative H pylori test. The patient's surgical history include cervical fusion on 1/11/12. The patient has had normal EEG study on 2/3/15 that was normal. The medication list include Gabadone, Sentra, Colace and Trepadone.

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 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 Official Disability Guidelines (ODG) Hernia (updated 12/03/14) Imaging and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence Systematic review of urological follow-up after spinal cord injury. AU Cameron AP, Rodriguez GM, Schomer KGSOJ Urol. 2012 Feb;187 (2):391-7. Epub 2011 Dec 15. **PURPOSE:** There is no consensus on the appropriate urological follow-up of individuals after spinal cord injury but it is well known that they are at risk for renal deterioration, bladder cancer and stones. We systematically reviewed the literature to evaluate evidence of urological screening in this population. **CONCLUSIONS :** Based on this review no definitive recommendations for screening can be made except routine renal ultrasound. Urodynamics are an important part of screening but the frequency is unclear. The optimum bladder cancer screening method has not been defined. AD Department of Urology, University of Michigan, Ann Arbor, MI, USA. annepell@med.umich.edu.

Decision rationale: This is a request for Abdominal ultrasound. As per cited guideline, imaging: Not recommended except in unusual situations. Imaging techniques such as MRI, CT scan, and ultrasound are unnecessary except in unusual situations. (Treatment Planning) On physical examination abdomen was soft, non tender, and not distended. There was no guarding. The patient has had negative H pylori test. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy was not provided in the medical records submitted. A rationale for the Abdominal ultrasound was not specified in the records provided. Initial recent lab reports for the preliminary evaluation of abdominal pain were not specified in the records provided. The medical necessity of the request for Abdominal ultrasound is not fully established.