

Case Number:	CM14-0143663		
Date Assigned:	09/12/2014	Date of Injury:	07/24/2013
Decision Date:	10/22/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year old female who sustained an injury to her low back on 07/24/13. MRI of the lumbar spine dated 04/24/14 revealed Tarlov cysts; L1 to L2, 1 to 2mm posterior disc bulge without evidence of canal stenosis or neuroforaminal narrowing; L3 to L4, 1 to 2mm posterior disc bulge resulting in mild bilateral neuroforaminal narrowing in conjunction with facet joint hypertrophy; bilateral exiting nerve root compromise seen; L4 to L5, 1 to 2mm posterior disc bulge without evidence of canal stenosis or neuroforaminal narrowing; mild facet joint hypertrophy seen. The injured worker underwent a functional capacity evaluation on 04/30/14 which concluded that the injured worker could return to work as an assembler with lifting restrictions. The clinical note dated 07/23/14 was handwritten and difficult to decipher with minimal clinical information provided. The injured worker had complained of cervical, thoracic, lumbar, and upper extremity pain at 3 to 4/10 visual analog scale (VAS). It is unclear if the injured worker has had prior chiropractic/rehabilitative intervention. Clear updated clinical notes with detailed objective examination findings were requested, along with the injured worker's objective response to prior rehabilitative intervention to adequately review and support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Abdomen: 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) Hip and pelvis chapter, Ultrasound (Sonography)

Decision rationale: The request for an ultrasound of the abdomen is not medically necessary. The previous request was denied on the basis that the injured worker is status post hernia surgery. There were no detailed and objective examination findings documented to the abdomen in which to support the request. Given the lack of sufficient clinical information, the request was not deemed as medically appropriate. The Official Disability Guidelines state that although sonography demonstrates similar abnormalities of the soft tissues to MR, but MR imaging is able to demonstrate intraosseous and articular abnormalities and offers a better anatomic overview because of its larger field of view, whereas sonography offers dynamic evaluation and can provide real time guidance for percutaneous procedures. Given this, the request for an ultrasound of the abdomen is not indicated as medically necessary.