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IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT Scan with/without contrast, abdomen/pelvis 74178

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This case was reviewed by a Board Certified Doctor of Family Medicine with over 18 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

XXXX: Progress Notes by XXXX. **HPI:** Patient presents to establish care. XXXX states that for a period of XX XXXX worked XXXX. Pain to mid chest/abdomen, back pain and thumbs resulted. XXXX was seen at XXXX initially where XXXX states XXXX was sent to ER. XXXX states ER focused on back pain which was the worse at that point. XXXX has received meds and PT to help with back pain which XXXX states has been helpful but XXXX abdominal discomfort has persisted. XXXX was last prescribed cyclobenzaprine and ibuprofen. XXXX does not take the ibuprofen often because it hurts XXXX stomach, prefers Aleve that alleviates pain for longer period of time. **Exam:** Mid upper abdominal tenderness; bowel sounds present, soft, nondistended, lump to mid chest noted, possible hernia. **Assessment:** 1. Strain of muscle, fascia and tendon of lower back, subsequent encounter. 2. Pain in joints of left hand. 3. Pain in joints of right hand. 4. Generalized abdominal pain.

Treatment: 1. Strain of muscle, fascia and tendon of lower back, subsequent encounter-start Cyclobenzaprine, start Naproxen, Referral to orthopedic surgery. 4. Generalized abdominal pain-Refer to general surgery.

XXXX: Progress Note by XXXX. **HPI:** Follow up for TWC. Pt was unable to follow up with PT or ortho pending approval. **Exam:** Abdomen: normal, bowel sounds present, soft, nontender, nondistended, small reducible abdl hernia present. Lumbar Spine/Low back: Slight limited ROM in all directions. Paraspinal tenderness. Straight leg raise test: negative bilaterally. Strength: 4/5. **Assessment:** Unchanged **Treatment:** 1. Strain of muscle, fascia and tendon of lower back, subsequent encounter: Refill meds, refer to Physical Medicine and rehabilitation. 2. Generalized abdominal pain: Nexium cap delayed release 40mg. Follow up 4 weeks.

XXXX: Progress Notes by XXXX. **HPI:** Pt is doing PT 2 x week. **Exam:** Abdomen unchanged. Back: pain with ROM, pain worse with right hip ROM, no swelling, no deformity. **Assessment:** 1. Strain of muscle, fascia and tendon of lower back, subsequent encounter. 2. Generalized abdominal pain. **Treatment:** 1. Strain of muscle,

fascia and tendon of lower back, subsequent encounter: Refill meds, continue PT for remaining 2 weeks. Referral to orthopedic surgery. 4. Generalized abdominal pain-Refer to general surgery. Follow up 4 weeks.

XXXX: Progress Notes by XXXX. **HPI:** Follow up for XX. Still complaining of low back pain and abdominal pain. Admitted not taking the Naproxen; had not followed up with pain management which XXXX was referred on XXXX previous visit. **Exam:** Lumbar spine/lower back: mild paraspinal tenderness. Full ROM with mild pain at extreme ROM. Straight leg raising test: negative on the left, positive on right. **Assessment:** Strain of muscle, fascia and tendon of lower back, subsequent encounter, generalized abdominal pain, low back pain. **Treatment:** Strain of muscle, fascia and tendon of lower back: refill meds, please follow up referrals. 2. General abdominal pain: refill meds, please follow up referrals. 3. Low back pain: Imaging: MRI: Lumbosacral spines. Follow up 4 weeks.

XXXX: Progress Notes by XXXX. Refilled meds, unchanged

XXXX: Progress Notes by XXXX. **HPI:** Pt states pain is persistent to low back and abdomen. Completed MRI, results indicate disc protrusion at L4-L5. Denies radiation to lower extremities. Pending CT approval for surgery. PT requesting to see new surgeon for second opinion. **Exam:** Back: pain with deep palpation over lumbar region, no palpable masses, pain with forward flexion and leg raise bilaterally. **Assessment:** 1. Low back pain. 2. Generalized abdominal pain. 3. Strain of muscle, fascia and tendon of lower back, subsequent encounter. **Treatment:** 1. Low back pain: continue meds. 2. Generalized abdominal pain: continue meds. Referral to general surgery. Follow up 4 weeks.

XXXX: UR performed by XXXX. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There is no guideline support for CT of an epigastric hernia without exceptional factors. Ultrasound is the standard of care for the diagnostic imaging of hernia conditions.

XXXX: Progress Note by XXXX. **HPI:** Pt reports swelling around MEG region. States the CT of the abdomen was not approved by WC. The GI surgeon stated that XXXX will not be able to do the abdominal surgery without CT results. Unable to do PT due to pain. Constant pain in lower back. Requesting pain management. Denies GI/GU sx. **Exam:** Abdomen: TTP over epigastric region. Back: Lumbar tenderness upon palpation. **Assessment:** 1. Low back pain. 2. Strain of muscle, fascia and tendon of lower back, subsequent encounter. Pain in joints of right and left hand. **Treatment:** Low back pain: refill meds. Refer to pain medicine. Follow up 4 weeks.

XXXX: UR performed by XXXX. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, imaging techniques such as CT scan is rarely necessary. Computerized tomography (CT) may also be appropriate, particularly with large complex abdominal wall hernias in the obese patient. However, there were limited clinical findings presented as there was no comprehensive abdominal assessment performed to warrant the need for the diagnostic workup. There were still no pertinent additional clinical findings identified to overturn the prior denial of this request. Given the lack of support, the appeal request for CT Scan with/without contrast, abdomen/pelvis 74178 is not warranted.

XXXX: Progress Notes by XXXX. **HPI:** Pt presents to clinic for follow up. States back pain has been worsening recently. Reports XXXX has not been contacted for pain management. XXXX has not been approved for CT. **Exam:** abdomen: normal, bowel sounds present, soft, nondistended, tender with palpation over RUQ and epigastric region, no palpable masses. Back: Pain with deep palpation over lumbar region, muscle spasm left side, pain with AROM. **Assessment:** 1. Low back pain. 2. Strain of muscle, fascia and tendon of lower back, subsequent encounter. 3. Generalized abdominal pain. 4. Unspecified abdominal hernia without obstruction or gangrene. **Treatment:** Generalized abdominal pain: Please refer to GI surgeon for second opinion on surgical treatment.

XXXX: Progress Note page 1 by XXXX. **HPI:** Scheduled for spinal injection on XXXX, per patient. Ongoing PT.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The denial of CT of abdomen and pelvis with and without contrast (74178) is upheld. The diagnosis of abdominal hernia is a clinical diagnosis and imaging studies, including CT scans, are unreliable and only indicated in complex abdominal wall hernias or morbidly obese cases. If imaging is felt to be warranted by General Surgeon, Ultrasound would be the imaging study of choice in a non-acute setting. If exam is equivocal, serial exams can be performed to improve clinical acuity.

Per ODG:

Not recommended except as indicated below. Imaging techniques such as MRI, CT scan, and ultrasound are rarely necessary.

See the [Treatment Planning](#) section for further discussion.

Ultrasound (US) can accurately diagnose groin hernias, which may justify its use in the assessment of occult hernias. In experienced hands, US is currently the imaging modality of choice for suspected groin hernias and abdominal wall hernias. Postoperative complications may also be evaluated. Computerized tomography (CT) may also be appropriate, particularly with large complex abdominal wall hernias in the obese patient. These hernias often contain loops of air-filled bowel, which preclude adequate penetration of the sound beam by US. Clinically obvious hernias do not need ultrasound confirmation, but surgeons may request ultrasound for confirmation or exclusion of questionable hernias or for evaluation of the asymptomatic side to detect clinically occult hernias. If such imaging is positive, the provider can then perform bilateral hernia repair at a single operation. ([Bradley, 2003](#))

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)