

Case Number:	CM13-0031358		
Date Assigned:	12/04/2013	Date of Injury:	07/09/2013
Decision Date:	02/19/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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 patient is a 34-year-old gentleman who injured his low back in a work related accident on 07/09/13. The clinical records reveal a 09/05/05 assessment with [REDACTED], [REDACTED], documenting ongoing complaints of low back pain. At that time, the claimant also complained of radiating pain into his groin and noted to be worse with therapy. Physical examination findings demonstrated restricted lumbar range of motion with 5/5 lower extremity strength, equal and symmetric reflexes, and intact sensation. Reviewed was an MRI report that showed L3-4 and L4-5 disc desiccation with a central protrusion at L4-5. The claimant was diagnosed with lateral recess stenosis with a question of a left testicular pain from the back versus an underlying hernia. General surgeon evaluation to assess the claimant for a hernia was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

General Surgeon Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Ultrasound (US).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, consultation with a general surgeon for evaluation is not supported. While there is indication that the claimant may have a hernia, the treating physician did not provide any form of physical examination finding to confirm, nor refute the diagnosis in question. The referral for a general surgeon for the sole purpose of assessing for a hernia would not be indicated. A hernia would be quite easy to assess on physical examination to give better understanding of need for surgical process or referral. The absence of any physical examination finding by the treating physician to assess for a hernia would fail to necessitate a surgical referral based on the claimant's clinical presentation.