

<b>Case Number:</b>	CM13-0032407		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 52 year-old male with a date of injury on 4/1/09. The UR determination is from 9/13/13 and recommends denial of [REDACTED] request for an MRI of the abdominal wall without contrast, based on diagnoses of inguinal neuralgia and neuropathic pain status post inguinal hernia repair. [REDACTED] reports, pain specialist, are not available for review, but [REDACTED], urology, report from 11/4/13 and the AME report from [REDACTED] dated 4/11/13 confirm the diagnoses as status post left inguinal hernia repair w/ mesh 05/14/09, left inguinal neuralgia and neuropathic pain. Patient complains of left groin and hernia repair site pain which is constant and rates it an 8 on a pain scale of 0-10. Patient also describes the pain as a sharp and burning, which radiates into the left leg, thigh and testicles.â&ç

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging of the abdominal wall without contrast:** 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 Chapter.

**Decision rationale:** California Medical Treatment Utilization schedule (MTUS) does not provide guidance on the use of magnetic resonance imaging (MRI) diagnostic studies in relation to post hernia repair, so Official Disability Guidelines (ODG) was referenced. The hernia chapter of Official Disability Guidelines (ODG) does not recommend the use of an magnetic resonance imaging (MRI), except in unusual circumstances, which this case does not warrant. It is noteworthy to mention that the patient has received several ilioinguinal nerve blocks that have been effective at reducing the patient's pain significantly for 30-45 days. This would seem to suggest that this patient does indeed suffer from neuropathic pain from disruption of this nerve. It is unclear what an MRI of Abdomen would accomplish in addressing this patient's neuropathic pain from potentially damaged ilioinguinal nerve. Recommendation is for denial.