

Case Number:	CM13-0032686		
Date Assigned:	12/11/2013	Date of Injury:	09/02/2013
Decision Date:	02/25/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	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 Occupational Medicine 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 employee is a 49-year-old male with date of injury of 09/02/2013. The employee's initial evaluation occurred two weeks following the injury at which time he reported that he had injured his low back lifting a portable toilet. At the time of that evaluation the employee was complaining of low back pain radiating to both legs; he was assigned a diagnosis of sprain/strain of the lumbar spine. Examination showed some lumbar tenderness but a normal motor and sensory examination. On 09/23/2013 the employee continued to complain of pain to the low back but also significant pain to the right testicle which had been intermittent over the past two weeks. Examination at that time showed the right testicle to be elevated and tender to palpation. There was no palpable hernia but the groin area was tender. An MRI of the lumbar spine performed on 10/16/2013 showed a posterior disc protrusion at L5-S1. A CT scan of the pelvis without contrast has been requested. The submitted medical records do not contain any history of previously diagnosed retractile of the right testicle, hernia, or groin pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the pelvis without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Hip and Pelvis - CT (computed tomography). The

Physician Reviewer based his/her decision on Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) page 309

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Hip and Pelvis - CT (computed tomography). The Physician Reviewer based his/her decision on Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) page 309.