

Case Number:	CM13-0061851		
Date Assigned:	12/30/2013	Date of Injury:	11/30/2010
Decision Date:	05/08/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for testicular pain, groin pain, and inguinal hernia reportedly associated with an industrial injury of November 30, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a right inguinal hernia repair surgery on June 13, 2012; left inguinal hernia repair surgery with mesh placement on July 16, 2012; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 14, 2013, the claims administrator denied a request for CT scanning of the abdomen and pelvis with contrast, stating that the applicant had already had negative ultrasound testing of the groin which reportedly failed to reveal evidence of a recurrent hernia. A December 12, 2013 progress note is notable for comments that the applicant reports persistent testicular pain and groin pain. The applicant is reportedly Spanish speaking. No evidence of a palpable hernia was appreciated, although the applicant's testicles are reportedly tender. A urology consultation was endorsed while the applicant was placed off of work, on total temporary disability, for an additional 45 days. In an earlier note of November 19, 2013, the applicant was described as having marked in duration in the left groin area. A CT scan of the abdomen and pelvis with contrast was endorsed to definitively rule out a recurrent left inguinal hernia. It was stated that, if the CT scan was positive for recurrent hernia, that surgical intervention would be endorsed while a pain management consultation should be pursued if negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF ABDOMEN AND PELVIS WITH CONTRAST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia(updated 7/8/2013), Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Journal of Gastrointestinal Endoscopy, Abdominal Hernias: Radiographic Features.

Decision rationale: The MTUS does not address the topic. As noted by the World Journal of Gastrointestinal Endoscopy, CT scanning can aid in the differential diagnosis and help to better define the contents of a hernia. CT scan is particularly helpful in the evaluation of postsurgical individuals. In this case, the applicant has had earlier hernia repair surgery. The applicant has residual pain about the surgery site. There is some suspicion of a recurrent hernia which has been raised by the attending provider. Recurrent hernia has not been appreciated ultrasonographically or on inspection. CT scanning to better delineate the suspected hernia is therefore indicated, appropriate, and supported by the World Journal of Gastrointestinal Endoscopy, as the applicant's chronic groin pain does warrant for further workup. Accordingly, the request is certified, for all of the stated reasons.