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| <b>Case Number:</b>   | CM14-0037658 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 12/02/2013 |
| <b>Decision Date:</b> | 08/14/2014   | <b>UR Denial Date:</b>       | 03/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/28/2014 |

### 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 Preventive Care and is licensed to practice in Indiana. 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:

This employee is a 40 year old male with date of injury of December 2, 2013. A review of the medical records indicate that the patient is undergoing treatment for pain in the thoracic spine, and possible hernia. Subjective complaints include constant, moderate, sharp and burning left inguinal pain. Objective findings include no evidence of a hernia. An abdominal CT was negative for a hernia. Treatment has included naproxen, flexeril, norco, and ultracet. The employee has refused physical therapy. The utilization review dated March 12, 2014 was non-certified of MRI of the pelvis with and without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI pelvis, with and without dye:** 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), 2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Hernia Imaging>.

**Decision rationale:** The above cited guidelines state that MRI for hernia is not recommended except in unusual circumstances. The guidelines state that ultrasound (US) can accurately

diagnose groin hernias and can be used for occult hernias. It is the imaging modality of choice. In the current case, there is no medical evidence provided that there was a trial and failure of conservative therapy or any new or progressive symptoms or findings. There is also no evidence of an urgent or emergent surgery that will occur. Therefore, an MRI with and without contrast of the pelvis is not medically necessary or appropriate.