

<b>Case Number:</b>	CM14-0071688		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 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 groin pain and hernia reportedly associated with an industrial injury of March 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; earlier inguinal hernia repair surgery on July 21, 2013; and a 13% whole-person impairment rating through a medical-legal evaluation on March 1, 2014. In a Utilization Review Report dated May 1, 2014, the claims administrator denied a request for CT scanning of the abdomen and pelvis. The claims administrator did not invoke cited non-MTUS Guidelines on CT scanning of the hip in its rationale and did not furnish any rationale for selection of these particular guidelines. In a May 30, 2014 progress note, the applicant presented reporting persistent complaints of inguinal pain/groin pain. The applicant's primary treating provider suggested that the applicant was having persistent pain in the inguinal region. The note was handwritten, not entirely legible, and difficult to follow. The attending provider seemingly stated that there were no findings suggestive of a hernia on inspection. The attending provider stated that the applicant had consulted a surgeon who had also recommended CT scan in question. The CT scan of the abdomen and pelvis was again sought "per surgeon request." It was not stated what was sought and/or what was suspected here. On March 24, 2014, the applicant's primary treating provider suggested that re-evaluation with a surgeon would likely help in evaluating the applicant's persistent inguinal pain.

### 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 oral and IV 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) TWC Hip & Pelvis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hernia Chapter, Imaging topic.

**Decision rationale:** It appears, based on the admittedly limited information on file, much of which is handwritten, not entirely legible, difficult to follow, that the applicant previously carried a diagnosis of inguinal hernia, which was successfully operated upon. The MTUS does not address the request. As noted in ODG's Hernia Chapter, Imaging topic, imaging such as the CT scan in question are "unnecessary except in unusual situations." In this case, it was not stated how the proposed CT scan would influence the treatment plan. It was not clearly stated what was sought. It was not clearly stated what was suspected. The operating diagnosis and/or differential diagnoses were not clearly outlined by the treating provider. Therefore, the request is not medically necessary.