MAXIMUS Federal Services

Case Number:	CM14-0131479		
Date Assigned:	08/20/2014	Date of Injury:	10/28/2009
Decision Date:	04/17/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey
Certification(s)/Specialty: Family Practice

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 injured worker is a 50 year old male, who sustained a work related injury on 10/28/09. The diagnoses have included status post right inguinal hernia repair x 2, chronic pain and testicular pain. Treatments to date have included medications, right inguinal hernia repair x 2, and testes sonogram dated 9/19/13. In the PR-2 dated 6/24/14, the injured worker complains of right groin pain. He rates this pain a 9/10. He has numbness to right testicle. He has cramping and burning down the right leg to his thigh on lateral aspect and inner thigh. He feels his right is weak due to the pain. The treatment plan on this date was for Naprosyn and Lidopro topical cream and a follow-up in 6 weeks. No progress notes found to have request for the CT abdomen and pelvis as requested for authorization in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan pelvis and abdomen: 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, 12th Ed. (web), 2014, Hernia-Imaging.

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

Decision rationale: The MTUS Guidelines do not address abdominal/pelvis CT scans for hernias and chronic pain specifically. However, the ODG states that imaging techniques such as MRI, CT scan, and ultrasound are unnecessary except in unusual situations. (Treatment Planning) Ultrasound (US) can accurately diagnose groin hernias and this may justify its use in assessment of occult hernias. In experienced hands US is currently the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. Postoperative complications may also be evaluated. Computerized tomography (CT) may have a place, particularly with large complex abdominal wall hernias in the obese patient. These hernias often contain loops of air-filled bowel, which preclude adequate penetration of the sound beam by US. Clinically obvious hernias do not need ultrasound confirmation, but surgeons may request ultrasound for confirmation or exclusion of questionable hernias or for evaluation of the asymptomatic side to detect clinically occult hernias. If positive, this allows bilateral hernia repair at a single operation. In the case of this worker, there was a history of surgical repair of his hernia x2, but with residual chronic pain and paresthesias. The records provided for review suggested that the CT was ordered at this time for the purpose of identifying any possible cause of the worker's persistent pain. However, there were no recent progress notes from the time of the request to show recent reports of symptoms and physical findings to warrant any imaging of the abdomen/pelvis area. Without this supportive evidence, the remaining notes do not show any change in the worker's symptoms or any indication to get imaging. Therefore, at this time, based on the notes provided for review, the request for CT scan of the pelvis and abdomen will be considered medically unnecessary.