MAXIMUS Federal Services

Case Number:	CM15-0108194		
Date Assigned:	06/12/2015	Date of Injury:	07/24/2014
Decision Date:	08/12/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/04/2015

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 York
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 47 year old male who sustained an industrial injury on 7/24/14 from a lifting injury resulting in low back pain and an inguinal hernia. He was medically evaluated ten days later due to ongoing pain. He was x-rayed (7/24/14) and told he had degenerative changes in his lumbar spine and an inguinal hernia. He was diagnosed with lumbosacral strain and left inguinal hernia. He was on work restrictions, given a lumbar support, lumbar cushion, hernia belt and had six physical therapy sessions with modest benefit. On 12/22/14, he underwent repair of the left inguinal hernia. He currently complains of chronic progressive intermittent pain in the back, neck, upper back, mid-back, lower back, bilateral shoulders and arms. His neck pain radiates down to his bilateral upper extremities. His low back pain radiates down his left lower extremity. He has numbness and tingling in bilateral arms, hands and legs with weakness in bilateral arms and legs. His average pain level is 6-7/10 with 5/10 as best and 9/10 at its worst. His activities of daily living are limited and he has been avoiding physical exercise, household chores, recreation and self-care for the past month because of pain (4/28/15 note). On physical exam of the lumbar spine there was decreased range of motion and facet loading pain; lower extremities show bilateral pitting edema; abdomen showed left groin pain at the end of the exam. Industrial related medications are Norco, trazadone, Zofran. Diagnoses include low back pain; thoracic pain; sprains and strains of the lumbar and thoracic regions. In the progress note dated 4/28/15 the treating provider's plan of care includes ultrasound evaluation of the left groin and inguinal ring to evaluate for potential recurrent hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Evaluation to the left groin and inguinal ring: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hernia Chapter, Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lawrence PE, et al. Essential of General Surgery, 5th Edition. 2012.

Decision rationale: The patient is a 47 year old male with an injury on 07/24/2014. He had low back pain and a left inguinal hernia. He is also almost morbidly obese at 5'7" tall and weight of 253 pounds. The BMI was 39.62 (morbid obesity is a BMI of 40 or greater). He had a left inguinal hernia repair on 12/24/2014 with [redacted]. On 04/28/2015 he was examined by a provider (not the surgeon) who noted no abdominal pain on examination but left groin pain at the end of the exam. There was no documentation of a hernia and the provider ordering the ultrasound was not the surgeon. There was no indication for the ultrasound and it was not medically necessary. Appropriate post operative care a few months after the inguinal hernia repair would be provided by the surgeon as it is part of the surgical follow up.