

<b>Case Number:</b>	CM15-0165032		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	11/02/2004
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2015

### 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: North Carolina  
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:

This 54 year old male sustained an industrial injury to the right shoulder and low back on 11-2-04. Documentation indicated that the injured worker had a history of left inguinal hernia status post surgical repair. In a PR-2 dated 6-24-15, the injured worker reported having increased pain in the previous hernia site. The injured worker stated that it felt hypersensitive. The injured worker rated his pain 8 out of 10 on the visual analog scale without medications and 4 out of 10 with medications. The injured worker also complained of constipation. Exam of the abdomen and pelvis revealed a healed surgical incision with tenderness to palpation and a palpable mass. Current diagnoses included status post lumbar fusion, status post right shoulder surgery and rule out recurrent inguinal hernia. The treatment plan included a referral for possible left sided inguinal hernia, requesting a computed tomography of the abdomen and pelvis to rule out recurrent left-sided inguinal hernia, lumbar epidural steroid injection at L4-S1 bilaterally, continuing medications (Vicodin, Neurontin and Celebrex) and a prescription for Colace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan, left 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), Hernia.

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states imaging studies for the evaluation of hernia are usually not indicated unless in unusual circumstances/presentation. The provided clinical documentation does not meet these criteria and therefore the request is not medically necessary.