

Case Number:	CM15-0200155		
Date Assigned:	10/15/2015	Date of Injury:	05/11/2012
Decision Date:	12/02/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/12/2015

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: Texas, California
 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 is a 31 year old male patient, who sustained an industrial injury on 5-11-12. The diagnosis includes low back pain. Per the doctor's note dated 9-30-15, he had complaints of back pain. He limps due to increased right groin pain. He had pain at 3/10 with medications and 4/10 without medications. Physical examination revealed a positive Gaenslen's sign, a positive lumbar facet loading test, negative straight leg raising test, a positive Faber test, and a positive pelvic compression test and Sacroiliac joint tenderness. Per the note dated 8-19-15 the physical exam revealed palpable protrusion at the right groin with Valsalva maneuver. Per the note dated 5-13-15 the patient reported having a 5 month history of right groin pain. The medications list includes Tylenol-Codeine #3 and Lorazepam. He had lumbar spine MRI on 5/22/14 and 9/1/15. Treatment to date has included sacroiliac joint injections, L5-S1 microdiscectomy on 11-9-12, and medication. On 10-6-15 the treating physician requested authorization for an ultrasound of the groin. On 10-12-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ultrasound of the groin: Overturned

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: Imaging (ultrasound) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Chapter: Hernia (updated 06/05/15)Imaging.

Decision rationale: Ultrasound of the groin per ODG guidelines, "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...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. (Bradley, 2003)" Per the records provided the patient had back pain and right groin pain and per the note dated 8-19-15 the physical exam revealed palpable protrusion at the right groin with Valsalva maneuver. The cited guidelines recommend Ultrasound (US) for accurately diagnosing groin hernias and this may justify its use in assessment of occult hernias. Per the records provided, Ultrasound was recommended to diagnose/rule out a groin (inguinal) hernia. The request of 1 ultrasound of the groin is medically appropriate and necessary for this patient.