

Case Number:	CM15-0047716		
Date Assigned:	03/19/2015	Date of Injury:	11/14/2009
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/13/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 44 year old male with an industrial injury dated 11/14/2009. He had an umbilical hernia repair performed in 2009 and surgery for inguinal hernia in 2010. Two years later he started having pain in the left lower groin area. An ultrasound was done that showed a hernia on the left. Laparoscopic hernia repair on the left was done in 2013. The progress note dated 02/12/2015 documents the injured worker continues to have pain in the left groin and right groin area. Abdominal exam noted the abdomen to be soft, non-tender and non-distended. The treating physician notes exam showed pain but no hernias on either side. MRI of the abdomen and pelvis is in the submitted records. A diagnosis is not in the 02/12/2015 note. The treating physician is requesting MRI of the groin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of groin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Inguinal Hernias: Diagnosis and Management, June 15, 2013, AAFP; Sabiston Textbook of Surgery. 19thed.; 2012:1114-40.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Imaging. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, groin MRI "Not recommended except in unusual situations. 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. (Bradley, 2003)"The patient was diagnosed with recurrent inguinal hernia with clinical and CT documentation and the need for an MRI is not justified. There is no clinical and radiological documentation for a progression of the patient condition that will require an MRI. Therefore, the request for groin MRI is not medically necessary.