

Case Number:	CM14-0148909		
Date Assigned:	09/18/2014	Date of Injury:	02/11/2011
Decision Date:	10/30/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old male who reported an injury on 02/11/2011. The mechanism of injury was not submitted for clinical review. Diagnoses included bilateral hernia repair, disc bulge, low back radiculitis, and lumbar spine radiculitis. Previous treatments included medication, physical therapy, epidural steroid injections, and surgery. Within the clinical note dated 07/07/2014, it was reported the injured worker complained of pain in the left inguinal region at the surgical site. On the physical examination, the provider noted the injured worker underwent a bilateral inguinal hernia repair. There was tenderness at the surgical site of the left inguinal region. The provider noted the injured worker had slight nodules around the surgical site. The provider requested an MRI of the abdomen to rule out any recurrent hernia problems for the left inguinal region. The Request for Authorization was submitted and dated on 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the 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) Imaging for Hernia.

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

Decision rationale: The request for MRI without contrast of the abdomen is not medically necessary. The Official Disability Guidelines do not recommend an imaging study of the abdomen. The guidelines note imaging techniques such as MRI, CT scan, and ultrasounds are unnecessary except in unusual situations. Ultrasounds can accurately diagnose groin hernias and may justify its use in the assessment of occult hernias. The clinical documentation does not warrant the request additionally, MRI for the abdomen. Therefore, the request is not medically necessary. Guidelines do not recommend the use.