

<b>Case Number:</b>	CM14-0152719		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 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 26-year-old male who has submitted a claim for unilateral unspecified inguinal hernia with gangrene associated with an industrial injury date of July 31, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the injured worker complained of right groin pain. The pain was constant and the injured worker had a varying size mass in the inguinal region. There was no recent abdominal or inguinal examination found. A progress note on 1/14/14 recommended a referral for evaluation and treatment of possible hernia. The records do not mention prior treatment of the hernia. Utilization review from September 8, 2014 denied the request for Computed Tomography (CT) of abdomen and pelvis with oral contrast. The reason for the denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computed Tomography (CT) of Abdomen and Pelvis with Oral Contrast:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Practice Guideline for the Performance of Computed Tomography (CT) of the Abdomen and Computed Tomography (CT) of the Pelvis.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, The ACR Practice Guideline for the Performance of Computed Tomography of the Abdomen and Computed Tomography of the Pelvis was used instead. According to this guideline, ACR criteria for abdominal/pelvic Computed Tomography (CT) include evaluation of abdominal, flank or pelvic pain; Evaluation of known or suspected abdominal or pelvis masses or fluid collections; Evaluation of primary metastatic malignancies; Evaluation of abdominal or pelvic inflammatory processes; assessment of abnormalities of abdominal or pelvic vascular structures; evaluation of abdominal or pelvic trauma; clarification of findings from other imaging studies or laboratory abnormalities; guidance for interventional or therapeutic procedures within the abdomen or pelvis; treatment planning for radiation therapy; non-invasive angiography of the aorta and its branches. In this case, the injured worker presented with a chronic right groin pain associated with a mass that varies in size. The medical necessity for imaging study has been established. Therefore, the request for a Computed Tomography of abdomen and pelvis with oral contrast is medically necessary.