

<b>Case Number:</b>	CM14-0191528		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Internal Medicine, has a subspecialty in HPM (Hospice and Palliative Medicine) and is licensed to practice in Pennsylvania. 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:

This 36-year-old male sustained a work related injury on 11/15/2012. According to a Doctor's First Report of Occupational Injury dated 08/28/2014, the injury occurred while lifting laundry. He was diagnosed with right greater than left inguinal hernias. On 04/30/2013, the injured worker underwent bilateral inguinal hernia repairs. According to progress notes submitted for review, the injured worker was unable to get an erection following the surgery. On 09/09/2014, the injured worker was seen for a Qualified Medical Examination. Subjective complaints included discomfort in the groin with lifting and bending efforts. He had difficulty with groin pain during prolonged sitting and kneeling efforts, diminished erectile function, and a softer phallus with sexual efforts. Treatment recommendations included EKG, chest x-ray, blood count, urinalysis, chemistry panel plus testosterone, MRI of the abdomen relevant to structural issues, and ultrasound of the scrotum, testicles, phallus and groin relevant to structural issues. As of a progress noted dated 09/23/2014, the injured worker complained of bilateral groin pain that was worsened with sexual activity. Pain was rated as a 7 on a scale of 1-10 with activity. Diagnoses included inguinal hernia and erectile dysfunction. Documented examination described an unremarkable abdomen and tenderness with groin palpation. Treatment recommendations included topical and oral pain medications, food supplements for pain, and home exercises. A Utilization Review decision was rendered on 10/21/2014 recommending non-certification of MRI imaging of the abdomen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bonwich JB, et al. Persistent groin pain following hernia repair and post-herniorrhaphy neuralgia. Topic 14927, version 2.0. UpToDate, accessed 01/07/2014

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. The literature supports the use of imaging when groin pain persists for an unusual length of time after surgical repair of an inguinal hernia. Ultrasound is generally the preferred initial study with CT of the pelvis used if an ultrasound is unable to show the reason for the symptoms. The submitted and reviewed documentation indicated the worker was experiencing on-going groin pain with tenderness after surgery for inguinal hernias. There was no suggestion the worker was experiencing symptoms or had findings suspicious for a problem involving the abdomen. In the absence of such evidence, the current request for MRI imaging of the abdomen is not medically necessary.