

Case Number:	CM14-0214255		
Date Assigned:	01/07/2015	Date of Injury:	11/15/2012
Decision Date:	05/29/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

Injured worker (IW) sustained an industrial injury on 11/15/12. He is s/p bilateral inguinal hernia repairs on 04/30/13. Office notes document current complaints of bilateral groin pain and erectile dysfunction. No masses or evidence of hernia or inguinal/abdominal mass were identified by physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the abdomen: 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.

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

Decision rationale: ODG Hernia Chapter states that imaging studies are not recommended except in unusual situations. Given the injured worker's complaints of residual bilateral groin

pain and lack of an obvious source for his symptoms on physical exam, performance of the requested MRI of the abdomen is reasonable and medically necessary in order to further evaluate for pathology such as occult hernia.