

Case Number:	CM15-0017276		
Date Assigned:	02/05/2015	Date of Injury:	02/17/2012
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/29/2015

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
 Certification(s)/Specialty: Family Practice

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 is a 40 year old male with an industrial injury dated 02/17/2012. The mechanism of injury is described as being kicked in the groin area by a customer while at work. The only physician note available for review is dated 06/16/2014. The injured worker complains of pain that is aggravated by sitting or kneeling. The pain is limited to the area of the groin crease on the left side. Physical exam of the inguinal area and obturator region revealed a focal point of pain which is medial to the femoral artery and lateral to the obturator nerve. He has been treated with medications. The provider requested MR neurography imaging study for clarification of the nature of the problem. On 01/19/2015 utilization review issued a decision of non-certification for the requested MR Neurography study. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Neurography Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: for Hip and Pelvis Chapter - MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tsili AC, et al., MR imaging of scrotum. Magn Reson Imaging Clin N Am. 2014 May;22(2):217-38, vi. doi: 10.1016/j.mric.2014.01.007.

Decision rationale: The MTUS is silent regarding MR imaging for groin/scrotal area or MR neurography. Magnetic resonance (MR) imaging of the scrotum has been used as a valuable supplemental diagnostic modality in evaluating scrotal pathology, mostly recommended in cases of inconclusive sonographic findings. Because of the advantages of the technique, MR imaging of the scrotum may provide valuable information in the detection and characterization of various diseases of the scrotal and surrounding areas. In the case of this worker, there was an initial workup after his injury to his groin, however, the tests and physical examination reports were not included for review. It is not clear if the worker had an ultrasound Doppler of the groin/scrotum as the results were not discussed in the office visit at the time of this request. MR imaging might be appropriate if any ultrasound had been performed but inconclusive, of which there was no evidence. Therefore, the MR neurography study will be considered medically unnecessary.