MAXIMUS Federal Services

Case Number:	CM15-0110992		
Date Assigned:	06/17/2015	Date of Injury:	01/21/2015
Decision Date:	07/16/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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: California
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:

The injured worker is a 50-year-old male, who sustained an industrial injury on 1/21/15. He reported initial complaints of left groin pain. The injured worker was diagnosed as having inguinal hernia, chronic post-operative pain. Treatment to date has included status post left inguinal herniorrhaphy with mesh (3/25/15); medications. Diagnostics included ultrasound left groin (1/21/15). Currently, the PR-2 notes dated 5/12/15 indicated the injured worker presents for an initial evaluation and treatment in this office. He is a status post left inguinal herniorrhaphy of 3/25/15 and complains of left groin pain is now 80% of the time pain level at 5/10 with numbness, tingling and weakness. He suffers with depression, anxiety and stress. Physical activity makes the pain worse. On physical examination, the left inguinal area is tender to palpation with a healed scar but small bulge is palpated on the left testicle. The provider's treatment plan included a MRI for the left inguinal area and referral for urine analysis testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for urine analysis testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests); Opioids, steps to avoid misuse/addiction.

Decision based on Non-MTUS Citation ACOEM guidelines, Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date Chapter: Sampling and Evaluation of Voided Urine in the Diagnosis of a Urinary Tract Infection in Adults Reference: http://www.uptodate.com/contents/sampling-and-evaluation-of-voided-urine-in-the-diagnosis-of- urinary-tract-infection-in- adults?source=preview&search=%2Fcontents%2 Fsearch& anchor =H106755062#H106755062.

Decision rationale: The MTUS and Official Disability Guidelines are silent in the use of a urinalysis for diagnostic testing. The reference source, Up-To-Date was used to review the indications to perform urine analysis testing (http://www.uptodate.com/contents/sampling-and-evaluation-of-voided-urine-in-the-diagnosis-of-urinary-tract-infection-in adults?source= preview &search=%2Fcontents%2Fsearch&anchor=H106755062#H106755062). A urine analysis test is typically used to assess for the presence of a genitourinary tract infection. The evidence for a urinary tract infection is based on microscopic analysis of the sample; specifically, assessing for the presence of leukocytes. The urine analysis test may also be used for the assessment of upper tract renal disease, e.g. nephrolithiasis and a host of glomerular and interstitial diseases. In this case, there are no documented symptoms that suggest a urinary tract infection. There is no evidence of dysuria, fever, chills or flank pain. There is no documented history of a penile discharge or other symptoms such as hesitancy, urgency or incontinence. There is no documented history of nephrolithiasis or renal parenchymal disease. The only documented concern on examination is a lump in the groin/on the testicle. As noted in the Utilization Review, a surgical consultation was authorized for this issue. In summary, there is no evidence provided in the medical records to justify the need for a urine analysis test. Therefore, the request is not medically necessary.

MRI (diagnostic testing) for the left inguinal area: 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) Hip & Pelvis, MRI (magnetic resonance imaging) section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and Other Medical Treatment Guidelines Official Disability Guidelines Chapter: Hip & Pelvis Section: MRI Imaging.

Decision rationale: The Official Disability Guidelines comment on the use of MRI imaging for diseases of the hip and pelvis. The indications for magnetic resonance imaging are as follows: Osseous, articular or soft-tissue abnormalities, OsteonecrosisOccult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors. In this case, there is insufficient documentation to support the need for an MRI. The records indicate that the patient may have a testicular/groin mass. A surgical consultation for assessment of this mass was approved. The surgical consultation has not yet been completed and therefore there is no justification provided to support the need for imaging with an MRI. Therefore, an MRI for the left inguinal area is not considered as medically necessary.