

Case Number:	CM15-0172525		
Date Assigned:	09/14/2015	Date of Injury:	08/06/2011
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old male who sustained an industrial injury on August 06, 2011. A primary treating office visit dated January 28, 2015 reported subjective complaint of back pain with spasms and cramps of the lower extremities. He is diagnosed with chronic pain syndrome. The plan of care noted recommending a pain specialist. The worker has a surgical history of: right inguinal hernia repair with mesh on March 17, 2014, exploratory laparoscopy with open primary hernia repair May 13, 2013 and laparoscopic bilateral inguinal hernia repair on October 12, 2011. Previous treatment to include: activity modification, medications, therapy, surgery, injections. There is mention of denial of services for aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided fine needle aspiration left inguinal lymphadenopathy Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vassilakopoulos TP, Pangalis GA. Application of a prediction rule to select which patients presenting with lymphadenopathy should undergo a

lymph node biopsy. *Medicine*. 2000;79:338-47, Slap GB, Brooks JS, Schwartz JS. When to perform biopsies of enlarged peripheral lymph nodes in young patients. *JAMA*. 1984;252:1321-6.

Decision rationale: The claimant sustained a work injury in August 2011 and has a history of bilateral inguinal hernia repair surgery with mesh in October 2011 with a right inguinal hernia repair due to a recurrence in March 2014. When seen, he was having increased abdominal and low back pain. Physical examination findings were negative for a recurrent hernia. There was fullness of the left more than right groin. An ultrasound on 06/24/15 was negative for hernia and showed findings of enlarged but normal appearing lymph nodes. Authorization is being requested for fine needle aspiration under ultrasound guidance. The claimant has a negative past medical history. In this case, there is no history of or suspicion of cancer. There are no imaging findings or lab test results that support the need to perform a lymph node biopsy. The requested aspiration is not medically necessary.