

Case Number:	CM15-0177919		
Date Assigned:	09/29/2015	Date of Injury:	01/25/2013
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/09/2015

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, North Carolina
 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 58 year old male sustained an industrial injury on 1-25-13. Documentation indicated that the injured worker was receiving treatment for bilateral knee pain, lumbar pain, testicular pain and inguinal and umbilical hernias. Previous treatment included inguinal and umbilical hernia repair, sacroiliac joint injections, lumbar spine trigger point injections and medications. The injured worker had ongoing right inguinal numb and pain following inguinal hernia repair treated with nerve blocks. In an agreed medical evaluation dated 6-1-14, the physician noted that magnetic resonance imaging lumbar spine had been performed on 11-22-13. In a pain management follow-up dated 3-11-15, the injured worker complained of ongoing right sided testicle pain with radiation of the lumbar spine and increased cervical spine pain. The injured worker stated that he was unable to walk more than 30 minutes due to right testicle and lumbar spine pain. In a follow-up agreed medical evaluation dated 3-30-15, the injured worker complained of low back pain with radiation to bilateral lower extremities and bilateral knee pain. Physical exam was remarkable for lumbar spine with tenderness to palpation from L4 to S1, paraspinal musculature and bilateral sacroiliac joint tenderness, range of motion: flexion 48 degrees, extension 0 degrees, sacral flexion 0 to 48 degrees, right lateral bend 30 degrees and left lateral bend 25 degrees, positive bilateral straight leg raise, "diminished" sensation at bilateral L3 distribution, 4 out of 5 bilateral great toe dorsiflexion strength and 1+ bilateral patellar tendon reflex. In a follow-up urological evaluation dated 5-20-15, the injured worker stated that his testicular pain was unchanged. Physical exam was documented as "essentially unchanged". In the most recent documentation submitted for review, a follow-up urological evaluation dated 7- 16-15, the injured worker stated that his testicular pain and problems with

erection remained the same. Physical exam was documented as "essentially unchanged". The treatment plan included Stendra 200mg. On 8-25-15, a request for authorization was submitted for magnetic resonance imaging lumbar spine. On 9-1-15, Utilization Review noncertified a request for magnetic resonance imaging lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: This patient is a 58 year-old man who developed a re-herniation secondary to a lifting event on 1/25/2013. He is status-post umbilical and inguinal hernia repairs complicated by ilioinguinal and iliohypogastric nerve injury, treated with nerve blocks in 2014. The request is now for an MRI of the lumbar spine. There are no findings or issues relating low back/radicular symptoms at a follow-up visit on 8/5/2014. There is no clinical documentation to support the request and no rationale given for a lumbar MRI. Therefore, the request is not medically necessary or appropriate.