

Case Number:	CM15-0067445		
Date Assigned:	04/15/2015	Date of Injury:	05/08/2014
Decision Date:	05/14/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, New York, California

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:

The applicant is a represented 40-year-old who filed a claim for chronic neck, low back, knee, hip, shoulder, and groin pain reportedly associated with an industrial injury of May 8, 2014. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve a request for MRI imaging of the abdomen. A progress note and RFA form of February 23, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On January 6, 2015, MRI imaging of the cervical spine, Pamelor, Relafen, Ultracet, topical compounded medications, orthopedic surgery follow-up, chiropractic manipulative therapy, and general consultation were endorsed. A rather proscriptive 5-pound lifting limitation was renewed, seemingly resulting in the applicant's removal from the workplace. It was stated that the applicant had last worked on July 22, 2014, it was stated that general surgery consultation was being proposed for the purpose of evaluating a hernia. On January 12, 2015, the applicant was again asked to consult a general surgeon to evaluate reported inguinal hernia. On January 22, 2015, the applicant did in fact consult a general surgeon. It was seemingly suggested that the applicant had a groin mass of unknown origin. Ultrasound imaging of the groin was proposed on the ground that earlier CT scanning was negative. Ultrasound imaging of the groin dated February 11, 2015 was negative for a hernia. In a RFA form dated February 23, 2015, MRI imaging of the abdominal and inguinal region were sought to evaluate soft tissues changes about the subcutaneous abdominal fat. In a progress note dated February 9, 2015, it was stated that the applicant had residual groin pain status post earlier herniorrhaphy surgery. On February 23, 2015, it was stated that the applicant had a significant reduction in his ability to perform activities of daily living secondary to groin pain and that earlier imaging studies including ultrasound imaging, CT imaging, etc., had proven non-diagnostic.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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, Chapter: Hernia, Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Amended 2014 (Resolution 39)* ACR PRACTICE PARAMETER FOR THE PERFORMANCE OF MAGNETIC RESONANCE IMAGING (MRI) OF THE ABDOMEN (EXCLUDING THE LIVER).

Decision rationale: Yes, the proposed MRI imaging of the abdomen was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the American College of Radiology (ACR) notes that MRI imaging of the abdomen can be employed to categorize and/or detect soft tissue lesions. MRI imaging, per ACR, can also be employed to categorize intra abdominal fluid collection. Here, the applicant apparently developed mass of some kind following earlier failed herniorrhaphy surgery. CT imaging and ultrasound imaging were non-diagnostic, the treating provider reported. Obtaining MRI imaging, thus, was indicated to better-categorize the nature and extent of the applicant's groin lesion. Therefore, the request was medically necessary.