

Case Number:	CM15-0093677		
Date Assigned:	05/20/2015	Date of Injury:	07/15/2013
Decision Date:	06/26/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/14/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 51 year old male who reported an industrial injury on 7/15/2013. His diagnoses, and/or impressions, are noted to include: left inguinal hernia with post-operative entrapment syndrome of the spermatic cord against a history of hernia/testicle repair in 1999 & 2004, status-post an injury; and left inguinal chronic pain. The history noted a left testicular injury with repair surgeries in 1999 & in 2004, preceded by left hernia repair in 1993. No current imaging studies were noted. His treatments have included multiple surgeries - effective until this new injury; Ibuprofen therapy; a pending qualified medical examination with report; and work modifications. The progress notes of 4/9/2015 noted complaints of chronic left groin pain from the inguinal region that radiated to the left-side of his scrotum, which returned after moving a heavy pallet on 7/15/2013. The objective findings were noted to include tenderness to the left inguinal region. The physician's requests for treatments were noted to include an urgent Urology consultation, and a left groin steroid injection to decrease the inflammation of the entrapment to the spermatic cord, thought likely to improve his symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a urology specialist, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127 and on the Non-MTUS Official Disability Guidelines (ODG), Pain, Injection with anesthetics and/or steroids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: Guidelines state that a specialist referral may be appropriate if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient suffered from left inguinal chronic pain but documentation does not include rationale for the consultation with urology. The request for urology referral is not medically necessary and appropriate.

Steroid injections, left groin, QTY: 1: 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), Pain, Injection with anesthetics and/or steroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Injection with anesthetics.

Decision rationale: Guidelines state that steroid injections may be appropriate for acute pain relief, improving function, decreasing medications, and encouraging return to work. In this case the patient suffers from left inguinal chronic pain. The request for steroid injection left groin is not medically appropriate and necessary.