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**Notice of Independent Medical Review Determination**

Dated: 8/7/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

6/17/2013

3/4/2013

6/25/2013

CM13-0000842

- 1) MAXIMUS Federal Services, Inc. has determined the request for a repeat computed tomography (CT) scan of right inguinal and scrotal regions **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/25/2013 disputing the Utilization Review Denial dated 6/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a repeat CT scan of right inguinal and scrotal regions **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 17, 2013.

The patient is a 42-year-old male with a date of industrial injury of 03/04/13. The patient was reportedly removing the upper sash of a window, which was stuck. The patient reported that he felt something sharp in his lower right abdominal wall in the location of a previous hernia surgery. The patient was seen by [REDACTED] on 03/12/13. [REDACTED] was the original general surgeon who performed the previous hernia surgery. He was diagnosed with a possible strain to the hernia or vascular muscle strain in the same region. The patient then went to an urgent care and prescribed Ibuprofen and Norco. Per the 03/22/143 note, the patient complained of right lower abdominal pain. He reported that he felt pain deep within the scar of his hernia surgery. The patient was released to modified duty. A CT scan of the abdomen completed on 04/16/13 revealed proximal right inguinal canal fluid collection, which measured 2.3 cm in the greatest dimension. No rim enhancement was present to suggest an abscess. No recurrent inguinal hernia was identified. Mild distal colonic diverticulosis without acute diverticulitis was also noted. Per note from Dr. [REDACTED] dated 04/26/13, the patient continued to complain of persistent, worsening abdominal pain. The patient described the pain as poking sensations in the right inguinal region. Examination of the right groin revealed no evidence of erythema or tenderness. There was no hyperesthesia noted along the scar. Range of motion of the right hip was within normal limits without aggravation of pain. No palpable hernia was detected. The patient was given a prescription for Norco without refills. A pain management specialist was requested. The ultrasound of the scrotum dated 04/29/13 showed evidence of a hernia and a benign cyst on epididymis and small fluid around testicles. An addendum to the ultrasound dated 05/01/13,

however, indicated that there was no evidence of a hernia seen. Per the 05/01/13 note from Dr. [REDACTED], it was mentioned that according to Dr. [REDACTED], the radiologist who performed the ultrasound, had pointed out that the CT scan was much better than the ultrasound in diagnosing hernias. The CT scan was reviewed, which noted the collection of fluid, and stated that this could represent a hematoma from re-tearing or could be a seroma following the surgical repair. He also noted that one should consider repeating the CT scan and that if it was a hematoma, then the size should be decreased. The patient currently complained of having a lot of pain. On examination, it was noted that he was not febrile and was not complaining of vomiting, nausea, or any other intestinal obstruction symptoms. There was discrete tenderness over the mid to lower portion of the inguinal hernia scar. It was noted that this area was exquisitely tender with a positive Tinel's sign. Diagnosis was recurrent hernia from re-injury, possibly with a seroma or hematoma or an inguinodynia status post, hernia repair.

The request is for (1) Repeat CT scan of right inguinal and scrotal regions, and (2) Anesthesiology referral for inguinal pain. The request is not medically necessary.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 6/17/13)
- Utilization Review Peer Review by [REDACTED] (dated 6/17/13)
- Employee's CT Report by [REDACTED] dated 4/16/13)
- Employee's Medical Records by [REDACTED] (dated 3/13/13 to 6/11/13)
- Chronic Pain Medical Treatment Guidelines – Low Back Chapter: MRI Section
- Chronic Pain Medical Treatment Guidelines – Low Back Chapter: CT Section

### **1) Regarding the request for a repeat CT scan of right inguinal and scrotal regions:**

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines – Low Back Chapter: MRI Section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines – Low Back Chapter: CT Section, which is part of the MTUS.

#### Rationale for the Decision:

The employee was injured on 3/4/2013 and experienced sharp pain in the lower right abdominal wall. The employee had hernia surgery in December 2012 and was diagnosed with a possible hernia strain or vascular muscle strain in the same region. Treatment to date has included prescription of Ibuprofen and Norco. The employee had a CT scan on 4/16/2013 and an ultrasound on 4/29/13. Imaging did not clearly indicate a hernia; imaging did indicate fluid

collection secondary to a sprain or tear. A request was submitted for a repeat CT scan of right inguinal and scrotal regions.

The MTUS does not address the need to repeat a CT scan in this situation. The medical records received and reviewed do not show signs of infection and there is no documentation of any substantial change since the previous CT scan. Also, the employee has not exhausted physical or chemical treatment of the present condition. The request for a repeat CT scan of right inguinal and scrotal regions is not medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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