

Case Number:	CM14-0141388		
Date Assigned:	10/08/2014	Date of Injury:	06/24/2014
Decision Date:	10/13/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/02/2014

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 42 year old male who sustained an industrial injury on 06-24-2014. According to an initial report dated 06-24-2014, the injured worker reported that while lying on the ground on his side, installing a hydraulic pump and while pushing it in, he felt a pinch on his lower back. Pain was rated 5 on a scale of 1-10 when standing and 7 with activity. Objective findings included: the injured worker was in acute spasm and pain. He was tilted with spasm. There was paravertebral bundle bilaterally. Flexes 40 and extension 10 were noted. Straight leg raise was positive at 70 degrees. Gait was guarded. There was no radiculopathy. Deep tendon reflexes were 2+. There was extreme pain on laying and standing up. Treatment plan included x-ray of the lumbar spine, Toradol, meds, and physical therapy. On 07-16-2014, pain had decreased since last seeing another provider. He had been experiencing a pulling sensation near the right groin area. Objective findings included right inguinal hernia. Diagnoses included sprain strain lumbar, spasm of muscle, inguinal hernia and lumbago. The treatment plan included authorization for hernia surgery. A surgery request dated 07-16-2014 was submitted for review. The proposed surgery was for right inguinal hernia repair with mesh. On 08-19-2014, Utilization Review non-certified the request for right inguinal hernia repair with mesh, pre-op medical clearance CBC (complete blood count), and BMP (basic metabolic panel), (Associated surgical services) Pre-op medical clearance chest X-ray (Associated surgical services) Pre-op medical clearance EKG, Pre-operative medical clearance UA (urinalysis), and Norco 10/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right inguinal hernia repair with mesh: 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 Official Disability Guidelines (ODG) Hernia, Inguinal Hernia.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of an inguinal hernia repair with mesh. This injured worker has inconclusive evidence to support the fact that he has a symptomatic unilateral inguinal hernia. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of hernia repair. According to the Official Disability Guidelines (ODG), "Repair of almost all symptomatic groin hernias is recommended. However, if symptoms are not severe, watchful waiting may be appropriate for as much as a year or two." Watchful waiting is an acceptable option for men with minimally symptomatic hernias. Delaying surgical repair until symptoms increase is safe, as acute incarcerations occur rarely. This patient has minimal clinical information to support the presence of a unilateral right inguinal hernia. The patient's surgical consultant only documents that the patient has a hernia. An actual physical exam of the groin is not documented to assess the ipsilateral defect (or even the potential for a contralateral defect). The medical documentation does not indicate a quantitative size (cm) of the external inguinal ring defect(s). The documentation does indicate that the patient reports a pulling sensation, but since a physical exam is not documented, it is unable to be documented if the patient has pain on inguinal ring palpation. Therefore, based on a review of the medical documentation, this request for right inguinal hernia repair with mesh is not medically necessary.

Pre-op medical clearance CBC (complete blood count): 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 Official Disability Guidelines (ODG) Preoperative Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is, "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." This patient has been requested to receive multiple labs and tests in anticipation of surgery. The patient's surgery has not been approved and thus the requested tests are not

indicated. Therefore, based on the submitted medical documentation, the request for preoperative medical clearance CBC is not-medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of Norco 10/325mg, for this patient. In accordance with California MTUS guidelines, narcotics for acute and chronic pain management should be continued if, "(a) the patient has returned to work, (b) the patient has improved functioning and pain." MTUS guidelines also recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The dose of opioids prescribed this patient assumes that he is to have post-operative pain from surgery. Since the patient's request for inguinal hernia surgery is noncertified, his request for post-operative pain medication is also noncertified. Therefore, based on the submitted medical documentation, the request for Norco 10/325mg, #60 is not medically necessary.

Associated surgical services: Pre-op medical clearance chest X-ray: 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 Official Disability Guidelines (ODG) Preoperative Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is, "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." This patient has been requested to receive multiple labs and tests in anticipation of surgery. The patient's surgery has not been approved and thus the requested tests are not indicated. Therefore, based on the submitted medical documentation, the request for preoperative CXR is not-medically necessary.

Associated surgical services: Pre-op medical clearance EKG: 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 Official Disability Guidelines (ODG) Preoperative Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is, "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." This patient has been requested to receive multiple labs and tests in anticipation of surgery. The patient's surgery has not been approved and thus the requested tests are not indicated. Therefore, based on the submitted medical documentation, the request for preoperative EKG is not medically necessary.

Pre-operative medical clearance UA (urinalysis): 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 Official Disability Guidelines (ODG) preoperative testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is, "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." This patient has been requested to receive multiple labs and tests in anticipation of surgery. The patient's surgery has not been approved and thus the requested tests are not indicated. Therefore, based on the submitted medical documentation, the request for preoperative UA is not medically necessary.

Pre-op medical clearance BMP (basic metabolic panel): 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 Official Disability Guidelines (ODG) Preoperative Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), pre-

operative medical clearance is, "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." This patient has been requested to receive multiple labs and tests in anticipation of surgery. The patient's surgery has not been approved and thus the requested tests are not indicated. Therefore, based on the submitted medical documentation, the request for preoperative medical clearance BMP is not medically necessary.