

## Icon Medical Solutions, Inc.

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**DATE:** 3/12/18

**IRO CASE #:** XXXX

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

CT Scan of Pelvis with Extension to Groin

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

The reviewer is certified by The American Board of Family Medicine with over 16 years of experience.

### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

XXXX with right groin pain s/p injury at work on XXXX. Injury occurred while XXXX. As XXXX, XXXX felt pain in the right groin area and says XXXX saw a bulge in the groin.

XXXX: CT Pelvis Without Contrast. Impression- No evidence of an inguinal hernia. Small fat containing umbilical hernia.

XXXX: CT Abdomen Without Contrast. Impression- No hernia, abd wall defect, or abdominal wall mass seen above level of umbilicus. Stable small fat containing periumbilical hernia. Borderline splenomegaly with indeterminate splenic hypodensities. These could be angiomas, but an infiltrative process or metastatic disease could have this appearance. Ultrasound may be helpful for further evaluation. No strong evidence for lymphoproliferative disease, although there are several slightly prominent lymph nodes at root of mesentery and in upper abdomen. Correlate for clinical evidence of lymphoproliferative disease. Hepatic and renal cysts. Indeterminate left renal hypodensity with punctate mural calcification should be evaluated further with ultrasound. Stable mild elevation of right hemidiaphragm.

XXXX: Office Visit with XXXX. Injury occurred while XXXX. As XXXX, XXXX felt pain in the right groin area and says XXXX saw a bulge in the groin. XXXX at this time sees no bulge at all. XXXX had the same injury in XXXX and had an inguinal hernia repair with mesh at that time. Describes XXXX pain as a 1 to 2/10, sometimes depending on the level of activity. Past CT has been unremarkable but I do not have a copy of the report. XXXX has a small umbilical hernia that is not symptomatic. On examination of the right groin, the patient is moderately obese in this area so it will be

difficult to ascertain whether XXXX has a small hernia, but I do not feel any. XXXX was examined in the upright position and with Valsalva and I cannot find any evidence clinically of a right inguinal hernia. XXXX pain is towards the internal ring on direct palpation. Pt c/o right toe pain and XXXX attributes this to XXXX injury. I told XXXX that this was not related to XXXX groin whatsoever. The patient will obtain a CT scan of pelvis with extension in the groin. I will submit the documentation to get approval.

XXXX: UR by XXXX. Rationale- After speaking with the AP's representative and reviewing the guidelines, they agree with proceeding with sonogram as there is high suspicion for occult hernia. Therefore, the request for CT Pelvis is not medically necessary.

XXXX: UR by XXXX. Rationale- The claimant had a prior inguinal hernia repair. XXXX has recurrent pain. The examination is equivocal and due to body habitus, difficult to definitively diagnose a recurrent hernia. A CT of the pelvis was requested, according to the guidelines, the US is the preferred modality. CT would be appropriate if US was inconclusive. Not medically necessary.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The previous adverse decisions are upheld. Based on ODG guidelines, a CT scan of the pelvis is not the preferred test for diagnosis of an inguinal hernia. An inguinal hernia is usually a clinical diagnosis. Ultrasound is the preferred modality if radiologic modalities are needed, with a CT scan following an inconclusive ultrasound. Therefore, the request for CT Scan of the Pelvis with extension to the groin is considered not medically necessary.

PER ODG.....

Not recommended except as indicated below. Imaging techniques such as MRI, CT scan, and ultrasound are rarely necessary.

Ultrasound (US) can accurately diagnose groin hernias, which may justify its use in the assessment of occult hernias. In experienced hands, US is currently the imaging modality of choice for suspected groin hernias and abdominal wall hernias. Postoperative complications may also be evaluated. Computerized tomography (CT) may also be appropriate, particularly with large complex abdominal wall hernias in the obese patient. These hernias often contain loops of air-filled bowel, which preclude adequate penetration of the sound beam by US. Clinically obvious hernias do not need ultrasound confirmation, but surgeons may request ultrasound for confirmation or exclusion of questionable hernias or for evaluation of the asymptomatic side to detect clinically occult hernias. If such imaging is positive, the provider can then perform bilateral hernia repair at a single operation.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)