MAXIMUS Federal Services

Case Number:	CM13-0018901		
Date Assigned:	10/11/2013	Date of Injury:	09/29/2008
Decision Date:	01/03/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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/services.

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 underlying date of injury in this case is 09/29/2006. The primary treating diagnosis is 355.8 or lower limb mononeuritis. This patient's diagnoses include left leg scar/fibrosis status post a free microvascular flap as well as left leg debridement and reconstruction with a right anterolateral thigh free flap and a split-thickness skin graft. The patient is a 43-year-old man who was injured in September 2006 in a motor vehicle accident in which he sustained an open floating knee with a resulting nonunion and residual left limb inequality. The patient underwent extensive surgical and conservative treatment and has been left with residual pain diagnosed as an inguinal neuralgia. An initial physician review notes that this request is dated 06/21/2013, and no medical records were provided since 02/21/2013. Therefore, the request was noncertified given the lack of current medical information. A primary treating physician note of 06/10/2013 notes the patient was seen for lower backache as well as left lower extremity pain and left elbow pain, bilateral hip pain, and right ankle pain. The patient reported his activity level had increased and his medications were working well and he was taking his medications as prescribed. This patient's medications were refilled, and the patient had been instructed to walk for exercise as tolerated and to continue a home exercise program. A pain clinic note of 06/21/2013 references a discussion between 2 treating physicians and indicates a plan for a posterior TAP block or transversus abdominis plane block.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Right Posterior Tap Block with Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Worker's Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on Official Disability Guidelines (ODG), Treatment of Workers'.

Decision rationale: The California Medical Treatment Utilization Schedule does not discuss the procedure of a transverse abdominal plane block. The Official Disability Guidelines/Treatment of Workers' Compensation does not directly discuss this but does discuss the patient's condition of ilioinguinal neuralgia under the Hip Section/Ilioinguinal Nerve Ablation, noting that ilioinguinal nerve ablation is "recommended for entrapment of the ilioinguinal nerve." That said, it is not clear that any invasive procedure is indicated since the medical records around the time of this treatment request discuss that the patient feels that symptomatically and functionally he is doing well on oral pain medications. The rationale for the requested treatment is not apparent from the medical records and is not specifically supported in the guidelines. Overall, the medical records are limited to support the rationale for the requested treatment.