

<b>Case Number:</b>	CM13-0022968		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/25/1993
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Rehab and has a subspecialty in Interventional Spine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 69 year old male with a date of injury of 02/25/1993. Patient is status post L4-L5, L5-S1 fusion and inguinal hernia repair on the right x5 (1999-2006). According to report dated 08/16/2013 by [REDACTED], the patient has chronic right ilioinguinal/genitofemoral pain. Report dated 09/04/2013 by [REDACTED], states patient continues to be symptomatic with complaints of right groin pain which radiates to the right medial thigh and adnexa. Patient rates pain 8/10. Treater requests an ilioinguinal nerve injection under fluoroscopic guidance. &#x2666

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right Ilioinguinal Nerve Block: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG on line treatment guidelines (<http://www.odg-twc.com/odgtwc/hernia.htm>) and Atlas of Interventional Pain Management-Walman.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), under Pain Chapter, under Injections.

**Decision rationale:** This patient suffers from right post herniorrhaphy with ilioinguinal and genitofemoral pain. Treater states patient has failed conservative treatment and a right ilioinguinal/genitofemoral nerve block is being requested not only for diagnosis but as a therapeutic intervention as well. MTUS and ACOEM do not discuss ilioinguinal nerve blocks. However ODG, under injections, states pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. Patient has failed conservative treatment and continues to be symptomatic, therefore recommendation is for approval.