

Case Number:	CM13-0026081		
Date Assigned:	11/22/2013	Date of Injury:	12/04/2012
Decision Date:	01/21/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/18/2013

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 & Rehabilitation, and is licensed to practice in Ohio and Texas. 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 37-year-old male who reported an injury on 12/04/2012. The mechanism of injury was noted to be a fall. He was seen on 05/01/2013 for complaints of pain, dizziness, and balance difficulties. It was stated that the patient was currently being treated with medications and physical therapy. He reported pain in his head, neck, lower back, right thigh, right testicular area, as well as right lower extremity. The physical exam findings included tenderness to palpation in the right sacroiliac area, painful straight leg raise testing, decreased sensation in the right lower extremity, weakness in the right lower extremity, localized tenderness in the right anterior aspect of the right thigh, and there was no palpable tenderness in the inguinal region. He was diagnosed with possible mild post-concussion syndrome with persistent mild to moderate headaches, cervical lumbar strain with no evidence of any lumbar or cervical radiculopathy, persistent pain in different body parts including the testicular pain, and the abdominal and low back discomfort. It was noted that the patient had been seen by a neurologist who advised that a possible inguinal nerve block might be able to shed light on the diagnosis of the testicular pain on the right side. ██████████ agreed that the patient should be evaluated by a general surgeon to eliminate the possibility of inguinal hernia, and he should be referred to an anesthesiologist if ██████████ does not do inguinal nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right inguinal nerve block evaluation: 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, Ilioinguinal nerve ablation

Decision rationale: Official Disability Guidelines state that ilioinguinal nerve ablation is recommended as an option in persistent groin pain post hernia repair. It states that inguinal hernia repair is associated with a high incidence of chronic postsurgical pain, as this pain may be caused by injury to the iliohypogastric, ilioinguinal, or genitofemoral nerves. It further states that it is often difficult to identify the specific source of the pain in part, because these nerves are derived from overlapping nerve roots and closely colocalize in the area of the surgery. The patient has been stated to have persistent groin pain. It was recommended that he see a surgeon for right inguinal hernia possibility; however, the exam by a general surgeon was shown to be negative for an inguinal hernia. According to Official Disability Guidelines, ilioinguinal nerve ablation is only recommended following a hernia repair. As the patient has not had an inguinal hernia, and therefore has not had a repair, this procedure is not supported by guidelines. Therefore, the request is non-certified.