

Case Number:	CM13-0030241		
Date Assigned:	11/27/2013	Date of Injury:	10/12/1988
Decision Date:	04/17/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in 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 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/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 70-year-old female who reported injury on 10/12/1988. The mechanism of injury was not provided. The patient underwent a diagnostic right inguinal nerve injection on 06/19/2013. The documentation of 08/15/2013 revealed the patient's pain was 10 on a 0/10 scale. The patient's diagnosis was intervertebral disc disorders in the lumbar region. The request was made for an ilioinguinal injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

An ilioinguinal injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Online edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HIP & PELVIS CHAPTER, ILIOINGUINAL NERVE BLOCK, AND PAIN CHAPTER, INJECTION

Decision rationale: Official Disability Guidelines recommend an ilioinguinal nerve block for entrapment of the ilioinguinal nerve (hockey groin syndrome). As the request was made for an ilioinguinal injection, not a block, injection guidelines were sought. Official Disability

Guidelines indicate that at the very minimum, pain relief from injections should be 50% for a sustained period of time and there should be documentation of the patient's objective reduction in pain medications and objective improvement in function. The patient was noted to have undergone an ilioinguinal injection on 06/19/2013. The submitted report was incomplete it was missing page 2 and 3 of 4 pages and due to the incomplete record submitted for review, there was no documentation of the above recommendations. Given the above, the request for an ilioinguinal injection is not medically necessary.