

Case Number:	CM13-0033507		
Date Assigned:	12/20/2013	Date of Injury:	08/25/2006
Decision Date:	11/25/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/09/2013

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 and Rehabilitation, 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 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 55-year-old female with date of injury of 08/25/2006. The listed diagnoses per [REDACTED] from 09/10/2014 are reflex sympathetic dystrophy of the lower limb; disturbance of skin sensation; Paresthesia; symptoms involving the skin and integumentary tissues; right lower quadrant abdominal tenderness; and contusion of the abdominal wall. According to this report, the patient states that over time her injury has improved. Adductor Botox injection helped for less than 2 months which was performed on 08/22/2014. She is currently working full duty and states that she is better after adductor injection. The examination shows the patient is well-developed, in mild pain. She sits normally at times and sometimes with right leg extended less and leaning on the right. The abdomen is severely suprapubic regionally guarded involuntary tender to palpation. She involuntarily guards the tender region. The patient's pain is reproduced by active use of the rectus abdominis and other anterior wall muscles. The right hip joint is painful with motion. The joint has capsular tightness. There is decreased range of motion with the right hip. Hip joint does not have crepitus on range of motion or palpation. Numbness and diminished sensation along the lateral border with light touch testing. The patient's neurovascular status was altered with sensation of the lateral anterior and medial thigh. She is limping, slowed stoop, and slightly stooped. Examination of the right lower extremity showed some abnormalities, hyperesthesia in the middle upper thigh greater than the anterior and lateral. The utilization review denied the request on 09/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ilioinguinal/Iliogastric Nerve Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Femoral Nerve Block

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter on Injection with anesthetics and/or steroids

Decision rationale: The patient presents with perineal pain. The provider is requesting an ilioinguinal/iliogastric nerve block. The MTUS and Official Disability Guidelines do not address this request; however, Official Disability Guidelines under the pain chapter for injection with anesthetics and/or steroids 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 Official Disability Guidelines, 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. The 03/19/2014 notes that the patient underwent a pudendal and genitofemoral nerve block on 02/14/2014 and since that time reports dramatic reduction in her vaginal and clitoral pain syndrome. She reports 70% improvement and states that she has been able to work without difficulty but continues to have significant adductor attachment and muscle pain. The 05/19/2014 report shows that the pelvic adductor musculature has been in constant spastic state which has prevented or compromised two complete rounds of specialized physical therapy. The provider is recommending Botox injection at the pelvic musculature adductor longus, magnus and gracilis to facilitate therapy and function including restoring normal hip mobility. The 07/25/2014 reports notes that the abdomen is severely suprapubic regionally guardedly involuntary tender to palpation. There is numbness or diminished sensation along the lateral border with light touch testing. Altered sensation of the lateral, anterior and medial thigh way noted. The 09/10/2014 shows that the patient's injury has improved over time. She received an adductor Botox injection on 08/22/2014 that she states "helped" and is now being considered for repeat injections. The report making the request for Ilioinguinal/Iliogastric Nerve Block is missing to determine the rationale behind the request. There are no discussions in the reports from 09/12/2013 to 09/10/2014 about Ilioinguinal/Iliogastric Nerve Block. It is not known why the provider is requesting this nerve block instead of the previous pudendal and genitofemoral blocks and Botox injections. In this case, it is unclear why the patient would need an Ilioinguinal/Iliogastric Nerve Block. Therefore, this request is not medically necessary.