

Case Number:	CM13-0071962		
Date Assigned:	01/08/2014	Date of Injury:	12/24/1992
Decision Date:	08/18/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of December 24, 1992. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; earlier inguinal herniorrhaphy surgery and subsequent orchiectomy; opioid therapy; and adjuvant medications. In a Utilization Review Report dated December 13, 2013, the claims administrator denied a request for an iliohypogastric nerve block on the grounds that the applicant may have had an earlier block authorized and that the attending provider failed to document the applicant's response to the same. The applicant's attorney subsequently appealed. In an August 29, 2013 progress note is notable for comments that the applicant reported persistent complaints of pain, 2/10. The applicant also had low back pain, it was further noted, with superimposed issues with hypertension and dyslipidemia. The applicant was described as using lidocaine, morphine, Flexeril, Ambien, Neurontin, and Vicodin, it was stated at this point in time. Acupuncture was sought. It was stated that the applicant had already had multiple injections in the past. It is unclear whether the injections refer to represent inguinal nerve blocks versus lumbar facet blocks. A December 16, 2013 progress note is notable for comments that the applicant's work status was unchanged. It was stated that the applicant's work status had changed in the "last 34 years." The applicant was using three to four tablets of Vicodin daily, it was stated. 4/10 pain was noted. The applicant was apparently pending some sort of nerve block procedure, it was stated. The applicant was still using lidocaine, morphine, Flexeril, Ambien, Vicodin, and Neurontin, it was stated. Multiple medications were refilled. The attending provider stated that he would seek authorization for an iliohypogastric nerve block and follow up in one week. The remainder of the file was surveyed. There was no explicit mention of the applicant's having

undergone iliohypogastric nerve blocks in the past, although it did appear that the applicant had had various joint blocks, including medial branch blocks, over the course of the claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ilioypogastric nerve block injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG GUIDELINES, 2013, HERNIA; ILIOINGUINAL NERVE ABLATION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 3 Initial Approaches to Treatment, Third Edition, Chronic Pain Chapter, Local Anesthetic Injections topic.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, local anesthetic injections, including the iliohypogastric/ilioinguinal nerve block being sought here, are recommended for diagnosing chronic pain. In this case, the applicant does apparently have pain in the groin region following earlier unsuccessful inguinal hernia surgery. As noted by ACOEM, ilioinguinal or iliohypogastric nerve blocks with local anesthetic can help to clarify the diagnosis in this context. While ACOEM does not recommend repeated local anesthetic injections, the iliohypogastric block being sought here does seemingly represent a first-time for the same as there is no concrete evidence on file of the applicant's having had the procedure in the past. Therefore, the request is medically necessary.