MAXIMUS Federal Services

Case Number:	CM14-0133606		
Date Assigned:	08/27/2014	Date of Injury:	06/25/2013
Decision Date:	09/29/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/21/2014

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, has a subspecialty in Pain 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 injured worker is a 34 year old male with a reported date of injury on 06/25/2013. The injury occurred as a result of heavy equipment striking his left groin. The diagnoses included chronic ilioinguinal groin pain and neuropathic pain. The past treatments included pain medication, left ilioinguinal nerve block, and surgery. The left ilioinguinal nerve block was done on 07/03/2014 was noted to provide the injured worker with 80% pain relief lasting greater than 2 hours. There were no additional diagnostics provided for review. The surgical history included left inguinal hernia repair on 08/08/2013. On 07/23/2014, the subjective complaints were left groin pain. The physical examination noted there was tenderness upon palpation to the left groin area with muscle strength rated 5/5 in all limbs. The medications included Vicodin. The treatment plan is to perform ilioinguinal radiofrequency nerve ablation. The rationale was to relieve pain. The request for authorization form is dated on 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flouroscopically - guided ilioinguinal radiofrequency nerve alation (neurotomy/rhizotomy): Overturned

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

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: The request for fluoroscopically - guided ilioinguinal radiofrequency nerve alation (neurotomy/rhizotomy) is medically necessary. The Official Disability Guidelines state that ilioinguinal radiofrequency nerve ablation is recommended as an option in persistent groin pain post hernia repair. Additionally, Nerve block must have resulted in a complete or substantial decrease in pain before neurectomy can be recommended. The injured worker is status post inguinal hernia repair 08/08/2013 and has chronic left ilioinguinal groin pain. A left ilioinguinal nerve block was done on 07/03/2014 and was noted to provide the injured worker with 80% pain relief lasting greater than 2 hours. It is also noted that the injured worker has failed all conservative care methods. As the injured worker is status post inguinal hernia repair, has chronic left ilioinguinal groin pain and had a left ilioinguinal nerve block was done providing 80% pain relief that lasted longer than 2 hours an ilioinguinal radiofrequency nerve ablation is supported by the evidence based guidelines. As such, the request is medically necessary.