

Case Number:	CM14-0158736		
Date Assigned:	10/02/2014	Date of Injury:	03/20/2012
Decision Date:	10/29/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/27/2014

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 and 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:

This is a patient with a date of injury of March 20, 2012. A utilization review determination dated September 3, 2014 recommends non certification for a right genitofemoral nerve block under ultrasound guidance. Non certification was recommended since it does not appear the patient has exhausted all conservative options prior to embarking on an invasive procedure. A progress report dated October 8, 2014 indicates that the patient complains of progressive pain in the right groin despite a hernia repair and opioid therapy. The patient has also received 4 ilioinguinal injections following inguinal hernia repair, however, this was only partially successful in temporarily alleviating the patient's pain. The note goes on to state that it is possible that the patient's genitofemoral nerve was damaged. Therefore, a genitofemoral nerve block was requested to confirm the pain generator. The note goes on to state that medication management has already been provided to the patient yet the groin pain remained significantly severe. Pharmacologic management has failed to render optimal results. Physical examination findings reveal persistent hyperesthesia over the groin on the right side. The diagnosis is hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Genitofemoral nerve block under ultrasound guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Injection with anaesthetics and/or steroids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hernia Chapter, Ilioinguinal Nerve Ablation

Decision rationale: Regarding the request for genitofemoral diagnostic nerve block, California MTUS and ACOEM contain no criteria for this injection. ODG states that there is a high incidence of chronic postsurgical pain following hernia repair. This may be caused by the iliohypogastric, ilioinguinal, or genitofemoral nerves. It is often difficult to identify the specific source of pain. It is difficult to block these nerves selectively, and therefore imaging modalities have been used to better identify the nerves prior to diagnostic blocks. Within the documentation available for review, the requesting physician has identified that the patient has previously failed treatment with ilioinguinal nerve blocks, medication, and the passage of time. The patient continues to complain of severe pain in the groin region. Therefore, performing a diagnostic nerve block is a reasonable next step in an attempt to identify the pain generator. Using imaging guidance improves the specificity of this procedure. As such, the currently requested genitofemoral nerve block under ultrasound guidance is medically necessary.