

Case Number:	CM14-0182826		
Date Assigned:	11/07/2014	Date of Injury:	08/11/2011
Decision Date:	12/12/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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 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 36 year old female with an injury date of 08/11/11. Based on the 09/17/14 progress report provided, the patient complains of persistent pain in her groin area and tenderness in the right inguinal area. Physical examination revealed normal range of motion to all joints and no tenderness. Provider states under Treatment section: "Inguinal hernia without mention of obstruction or gangrene, unilateral or unspecified. Waiting authorization for nerve block authorization for EMG." Per progress report dated 10/22/14 (post UR date of 10/08/14), "the patient had 2 trigger point injections at the right groin with no complication and tolerated procedure well." EMG of lower extremities 08/20/14:- EMG and H-reflex findings show no evidence of lumbosacral nerve root pathology- Conduction study shows no evidence of peripheral neuropathy Diagnosis 09/17/14:- inguinal hernia without mention of obstruction or gangrene unilateral or unspecified- groin pain, lower right quadrant- bilateral groin pain, rule out hernia Diagnosis 10/22/14 (post UR date of 10/08/14):- myofascial pain syndrome, right groin- possible nerve entrapment, right groin The utilization review determination being challenged is dated 10/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sympathetic hypogastric plexus block: Overturned

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

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

Decision rationale: The patient presents with persistent pain in her groin area and tenderness in the right inguinal area. The request is for right sympathetic hypogastric plexus block. Physical examination on 09/17/14 revealed normal range of motion to all joints and no tenderness. ODG, Pain (Chronic) Chapter, Injection with anaesthetics 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 ODG, 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." Provider states under Treatment section of progress report dated 09/17/14, "Inguinal hernia without mention of obstruction or gangrene, unilateral or unspecified. Waiting authorization for nerve block authorization for EMG." Patient had electromyography (EMG) of lower extremities on 08/20/14. Given that the patient has not tried this injection, persistent inguinal pain, and support for trial of these injections per guidelines, request is medically necessary.