

<b>Case Number:</b>	CM14-0022541		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 56 year-old male with a 8/9/13 date of injury after lifting a 5 gallon bottle of water causing right groin pain. The patient underwent multiple left inguinal repairs including mesh placement and repositioning for mesh migration. The patient continued to have right abdominal pain and received an ilioinguinal nerve block. He was seen on 11/26/and exam findings revealed an inability to reproduce pain on palpation of the right abdomen or groin. A hypogastric nerve block was recommended. His diagnosis is neuralgia, neuritis unspecified. MRI 10/9/13 abdomen: no evidence of distal rectus abdominal injury Treatment to date: ilioinguinal nerve block 12/20/13, medications, multiple bilateral hernia repairs An adverse determination was received on 2/14/14 given there was no documentation of malignancy. The patient's pain is post surgical and mesh related and visceral which the hypogastric nerve blocks are intended for.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT ABDOMINAL HYPOGASTRIC NERVE BLOCK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Hip and Pelvis)

Chapter); Inguinal neurectomy for inguinal nerve entrapment: The American Journal of Surgery; Groin Pain After Hernia Repair.

**Decision rationale:** CA MTUS does not address this issue. ODG states that ilioinguinal nerve ablation is recommended for "hockey groin syndrome". Peer-reviewed literature suggests that management of postoperative inguinal neuralgia usually starts with conservative management in the form of rest and avoidance of activities that increase the pain, non-steroidal anti-inflammatory, analgesics, antidepressants and anticonvulsant medications. Diagnostic ilioinguinal or genitofemoral nerve block is very critical to identify which nerve is involved and if there is a good response, cryoablation or chemical neurolysis should be attempted. In this case, the patient had multiple surgeries for a hernia repair. He has ongoing complaints of abdominal pain with no significant exam findings. However, his functional limitations and pain quantification have not been well documented. He had an ilioinguinal block however there is inadequate documentation regarding the outcome of this procedure in terms of pain reduction. It is unclear if the patient has exhausted all forms of conservative management, and the rationale for the block is because the patient has ongoing abdominal pain with no exam findings with no ability to reproduce his symptoms. Although an MRI was done, a complete work up for this patient's abdominal pain has not been documented. In addition, it is unclear if this is a diagnostic block or a therapeutic block. Therefore, the request for a hypogastric block as submitted was not medically necessary.