

Case Number:	CM14-0053508		
Date Assigned:	07/07/2014	Date of Injury:	05/12/2010
Decision Date:	09/05/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/22/2014

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 and is licensed to practice in Texas and Oklahoma. 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 54-year-old male who reported an injury on 05/12/2010 while moving a car at work. The injured worker was diagnosed on 02/11/2014 with inguinal hernia bilateral, status post hernia repair - 3 procedures to the left, and once the right, chronic neurogenic pain with post incisional contiguous superficial anesthesia, and no evidence currently of recurrent inguinal hernia on either side with slight posterior inguinal canal wall mobility; orthopedic problems, and psychiatric problems. The injured worker received nerve block injections on 12/15/2010, 02/24/2011, 04/28/2011, 08/04/2011, and 08/31/2011 with short lived relief. On 06/28/2012, the injured worker received an iliohypogastric/ilioinguinal nerve block on the left with relief lasting 2 weeks. Prior diagnostic studies included an abdominopelvic CT scan which was performed on 11/20/2012 and indicated recurrent left inguinal hernia and an ultrasound of the groin which was performed on 12/09/2012 and indicated left inguinal hernia. The injured worker underwent inguinal hemiorrhaphy 3 times; an open surgery was performed on 08/26/2010, laparoscopic bilateral surgeries were performed on 11/28/2011, and an open surgery was performed on the right only with removal of mesh on the left 04/26/2013. On 03/13/2014, the injured worker reported right groin pain rated 6-7/10 described as aching with no numbness or tingling. The pain was aggravated with straining, squatting, pushing, lifting, or pulling. The injured worker also complained of constant aching left groin pain rated 8/10, as well as an occasional sharp pain rated 10/10 and a pulling sensation. The injured worker stated the left groin pain was aggravated by straining, squatting, prolonged sitting/standing, pushing, and pulling. He stated there was numbness down the left inguinal area and medial thigh. The worker reported no abdominal pain, nausea, or vomiting. There was a left inguinal surgical scar with edema and tenderness to palpation with no erythema or ecchymosis. The injured worker had numbness along the inner left thigh and no bulge was present. The injured worker had tenderness

to palpation to the right groin, with no edema, erythema, ecchymosis, or bulge. The clinical note dated 02/11/2014 noted the injured worker stated that since the date of injury he had not been entirely free of pain to the left groin; however, it fluctuated a great deal in relation to when he had 3 operative procedures. The injured worker reported after each surgery he had postoperative pain for a while, and then his pain would get better, but not be entirely gone. The injured worker stated he avoided sexual activity due to pain and he was unable to do many activities of daily living. The injured worker complained of pain to the medial aspect of the left inguinal region extending down to the contiguous region of the lateral proximal scrotum and medial proximal left thigh. The pain was described as burning, stabbing, and aching, and it was constant. The injured worker exhibited a pain response upon light touch and very gentle palpation of the left scrotum and spermatic cord. There was minimal mobility of the posterior wall of the inguinal canals high up, upon Valsalva maneuver. There was slight, symmetric mobility to the superior aspect of the inguinal canals bilaterally without hernia defect, mass, or impulse palpated. The injured worker had mobility in the bilateral inguinal canals without a palpable hernia or protrusion of a hernia mass. The physician noted that the injured worker's pain complaints were magnified in the prior 2 months for no apparent reason or trigger. The provider noted the injured worker was reluctant to have any further surgery as he has had surgery 3 times and continues to have inguinal pain. The injured worker's medication regimen included Prilosec, hydrocodone, ibuprofen, Relaxafen, Zanaflex, tizanidine, Cidaflex, Medrox patch, Temazepam, Docuprene, Lexapro, and Venlafaxine. The physician instructed the injured worker on methodology to manage his work efforts to maximize his outcomes with little increase in pain. The physician recommended discontinuation of narcotic medications and transitioning to non-narcotic pain medications to alleviate symptoms associated with the narcotics. The physician also recommended an ilioinguinal/genitofemoral nerve block on the left to alleviate pain to the affected area. The physician was requesting an ilioinguinal/genitofemoral nerve block on the left. The request for authorization form was signed on 04/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ilioinguinal/Genitofemoral Nerve Block on left: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index Hernia.

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 Official Disability Guidelines note Ilioinguinal nerve ablation is recommended as an option in persistent groin pain post hernia repair. Inguinal hernia repair is associated with a high incidence of chronic postsurgical pain. It is often difficult to identify the specific source of the pain, in part, because these nerves are derived from overlapping nerve roots and closely colocalize in the area of surgery. It is therefore technically difficult to selectively block these nerves individually proximal to the site of surgical injury. The guidelines

note nerve blocks reversibly interfere with neuronal transmission, leading to temporary pain relief. This can, therefore, be both diagnostic and therapeutic. Nerve block must have resulted in a complete or substantial decrease in pain before Neurotomy can be recommended. The injured worker received an iliohypogastric/ilioinguinal nerve block on the left on 06/28/2012 which provided 2 weeks of relief. The injured worker also received nerve block injections 1 in 2010 and 4 in 2011 with short term relief. There is a lack of documentation indicating the injured worker has had significant objective functional improvement with the prior nerve blocks. There is no indication the injured worker experienced significantly decreased pain and medication usage, with increased function. The physician's treatment plan following the nerve block is not indicated. As such, Ilioinguinal/Genitofemoral Nerve Block on left is not medically necessary.