

Case Number:	CM14-0056084		
Date Assigned:	07/09/2014	Date of Injury:	06/21/1991
Decision Date:	08/28/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/25/2014

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 Pain Medicine and Rehabilitation, 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 72 year-old patient sustained an injury on 6/21/1991 while employed by [REDACTED]. Request(s) under consideration include repeat right genitofemoral nerve block and repeat right obturator nerve block. The patient is s/p lumbar fusion and knee arthroscopic surgery. Per Neurosurgical report of 11/27/13, the MRI of right hip was unremarkable without clear explanation of right groin pain. MRI of lumbar spine dated 10/10/13 showed s/p L4-5 and L5-S1 screw instrumentation with interbody fusion well-maintained; no evidence of nerve compression with noted normal findings. Exam showed no deficits on left side; difficulty flexing right hip due to groin pain complaints; Patrick test mildly reproduced mid groin pain; SLR bilateral at 75 degrees; capable of walking on toes and heels with no apparent weakness; lower back was not tender upon palpation or percussion nor were posterior iliac crest areas. Treatment recommendation included enrollment in gym membership with follow-up in 4-6 months. The patient continues to treat for chronic right groin and knee pain with exam findings of right thigh tenderness. Report on 4/9/14 from pain management provider noted patient underwent recent right genitofemoral and obturator steroid nerve blocks on 4/3/14 with 50% relief with reduced groin tenderness; however, with some residual deficit over right thigh.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right genitofemoral nerve block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Regional Sympathetic Block, page 706.

Decision rationale: This 72 year-old patient sustained an injury on 6/21/1991 while employed by [REDACTED]. Request(s) under consideration include repeat right genitofemoral nerve block and repeat right obturator nerve block. The patient is s/p lumbar fusion and knee arthroscopic surgery. Per neurosurgical report of 11/27/13, the MRI of right hip was unremarkable without clear explanation of right groin pain. MRI of lumbar spine dated 10/10/13 showed s/p L4-5 and L5-S1 screw instrumentation with interbody fusion well-maintained; no evidence of nerve compression with noted normal findings. Exam showed no deficits on left side; difficulty flexing right hip due to groin pain complaints; Patrick test mildly reproduced mid groin pain; SLR bilateral at 75 degrees; capable of walking on toes and heels with no apparent weakness; lower back was not tender upon palpation or percussion nor were posterior iliac crest areas. Treatment recommendation included enrollment in gym membership with follow-up in 4-6 months. The patient continues to treat for chronic right groin and knee pain with exam findings of right thigh tenderness. Report on 4/9/14 from pain management provider noted patient underwent recent right genitofemoral and obturator steroid nerve blocks on 4/3/14 with 50% relief with reduced groin tenderness; however, with some residual deficit over right thigh. Request(s) for repeat right genitofemoral nerve block was non-certified on 4/18/14. Submitted reports have not adequately demonstrated specific neuropathic symptoms and clinical findings. Neurosurgical report noted negative MRI of right hip without clear etiology of the right groin pain as MRI of lumbar spine was also unremarkable with intact instrumentation/fusion without evidence of nerve compression. Exam also noted intact neurological findings. The patient has undergone previous recent nerve blocks only two weeks prior with report of 50% relief; however, no specific functional gains in ADLs, decrease in medication, utilization of care or evidence of concurrent therapy as part of functional restoration approach was demonstrated. There is also no report of failed conservative trial of therapy or medication documented. Although guidelines are silent on specific procedure of genitofemoral nerve branch blocks, general consensus by the guidelines on sympathetic nerve blocks are not recommended as there is limited evidence to support for this procedure given the lack of evidenced-based studies indicating efficacy and improved functional outcome. The sympathetic blocks play a limited role primarily for diagnosis of sympathetically mediated pain as an adjunct to facilitate physical therapy. The repeat right genitofemoral nerve block is not medically necessary and appropriate.

Repeat right obturator nerve block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Regional Sympathetic Block, page 706.

Decision rationale: This 72 year-old patient sustained an injury on 6/21/1991 while employed by [REDACTED]. Request(s) under consideration include repeat right genitofemoral nerve block and repeat right obturator nerve block. The patient is s/p lumbar fusion and knee arthroscopic surgery. Per neurosurgical report of 11/27/13, the MRI of right hip was unremarkable without clear explanation of right groin pain. MRI of lumbar spine dated 10/10/13 showed s/p L4-5 and L5-S1 screw instrumentation with interbody fusion well-maintained; no evidence of nerve compression with noted normal findings. Exam showed no deficits on left side; difficulty flexing right hip due to groin pain complaints; Patrick test mildly reproduced mid groin pain; SLR bilateral at 75 degrees; capable of walking on toes and heels with no apparent weakness; lower back was not tender upon palpation or percussion nor were posterior iliac crest areas. Treatment recommendation included enrollment in gym membership with follow-up in 4-6 months. The patient continues to treat for chronic right groin and knee pain with exam findings of right thigh tenderness. Report on 4/9/14 from pain management provider noted patient underwent recent right genitofemoral and obturator steroid nerve blocks on 4/3/14 with 50% relief with reduced groin tenderness; however, with some residual deficit over right thigh. Request(s) for repeat right genitofemoral nerve block and repeat right obturator nerve block was non-certified on 4/18/14. Submitted reports have not adequately demonstrated specific neuropathic symptoms and clinical findings. Neurosurgical report noted negative MRI of right hip without clear etiology of the right groin pain as MRI of lumbar spine was also unremarkable with intact instrumentation/fusion without evidence of nerve compression. Exam also noted intact neurological findings. The patient has undergone previous recent nerve blocks only two weeks prior with report of 50% relief; however, no specific functional gains in ADLs, decrease in medication, utilization of care or evidence of concurrent therapy as part of functional restoration approach was demonstrated. There is also no report of failed conservative trial of therapy or medication documented. Although guidelines are silent on specific procedure of Obturator nerve branch blocks, general consensus by the guidelines on sympathetic nerve blocks are not recommended as there is limited evidence to support for this procedure given the lack of evidenced-based studies indicating efficacy and improved functional outcome. The sympathetic blocks play a limited role primarily for diagnosis of sympathetically mediated pain as an adjunct to facilitate physical therapy. The repeat right obturator nerve block is not medically necessary and appropriate.