

Case Number:	CM14-0085610		
Date Assigned:	07/23/2014	Date of Injury:	12/17/2012
Decision Date:	09/10/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 Orthopedic Surgery 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 48 year old male is status post right inguinal hernia mesh repair 4/2013 with chronic right groin pain. This was an occult hernia found on CT scan prior to a planned left inguinal hernia repair. The left inguinal hernia had been noted for about a year. Right groin pain is most recently described as sharp, non-radiating. The right groin pain had been reported since the surgery. Injections failed to be of benefit. Per the pain management consultant on 1/21, he was given a trigger point injection which was of no benefit but a second, on 12/23, was of significant benefit. Pain level decreased and activity was able to be increased. Pain score decreased to a 3. On examination there was tenderness to superficial and deep palpation. He was on Norco. Although the patient is on lifting restrictions, he has been reported in a letter from [REDACTED] [REDACTED]. dated 4/28/14 doing rather heavy lifting, for example, carrying two 18 packs of beer from a liquor store. It has also been reported that he drinks consistently and consistently. As of 6/17, pain level continues to be a 5 and most notable when he first gets out of bed. He remains unable to work. On examination the surgeon stated there was tenderness to palpation above the external ring. No bulge. He does not feel the pain is neurogenic in quality and wishes to do a right groin exploration with explanation of mesh and inguinal hernia repair with or without mesh.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Groin Exploration, Explanation of Mesh, Inguinal Hernia repair with or without mesh: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Non-MTUS Other Guidelines: Official Disability Guidelines (ODG) Hernia Procedure Summary.

Decision rationale: The injections provided did not exclude a neurogenic origin. The fact that a "trigger point" was treated and was very beneficial lowering the pain level to a 3, causes one to doubt that the origin of this patient's pain is the mesh. The fact that he is able to lift and carry two 18 packs of beer leads to question the severity of the pain as described by the patient. Neuropathic pain is not described. A "trigger point" was never described in detail and apparently a third injection of the trigger point has not been suggested. Also of note is that the patient, when offered surgery by the surgeon, was not sure that he wanted to have surgery when he has been complained of pain for several months. Medical necessity for a surgical procedure has not been established. There is not an indication that wound exploration is medically necessary.