

Case Number:	CM14-0177971		
Date Assigned:	10/31/2014	Date of Injury:	03/20/2012
Decision Date:	01/14/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 56 year old male who sustained an industrial injury on 03/20/12. The request was for genitofemoral nerve block for testicular pain under ultrasound. His history was significant for hernia surgery with mesh on April 30, 2012. He also had prior ilioinguinal diagnostic nerve block in 04/24/14. The progress notes from 05/02/14 noted that the nerve block provided 80% relief of his right inguinal groin 30 minutes after the injection and that lasted for 24 hours. He had ilioinguinal pulsed radiofrequency nerve ablation on 06/26/14. But he reported continued right abdominal burning pain on 07/09/14. His medications included Gabapentin and Hydrocodone. The note from 07/31/14 was reviewed. He had four ilioinguinal injections for his right groin area which were somewhat helpful, but he had pain in that area and difficulty with sleeping related to the pain. Pertinent examination findings included hyperesthesia over groin on right side. The diagnoses included right inguinal hernia, right carpal tunnel syndrome and testicular injection. The plan of care included Norco, Gabapentin, Lidoderm patches and genitofemoral nerve block. Genitofemoral nerve block was recommended for testicular pain under ultrasound as he had residual testicular pain following inguinal hernia repair and ilioinguinal blocks have been only partially successful in temporarily alleviating pain. There was a probable component of genitofemoral neuralgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genitofemoral nerve blocks for testicular pain under ultrasound: Overturned

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 Persistent groin pain following hernia repair and post herniorrhaphy neuralgia, www.uptodate.com

Decision rationale: According to the article above, a presumptive diagnosis of post-herniorrhaphy neuralgia can be made when pain persists for more than three months following hernia repair and is not related to other causes. For persistent groin pain more than 12 weeks following hernia surgery that is not improving, getting worse or recurring, a nerve block can be tried. Different nerves can be injured including, ilioinguinal, iliohypogastric, lateral femoral cutaneous and genitofemoral nerve. The employee had persistent pain and paresthesias in the groin region. He had some improvement with ilioinguinal diagnostic blocks and nerve ablation. According to American Society of Regional Anesthesia and Pain Medicine, genitofemoral nerve blocks with a blind technique can damage important structures of the spermatic cord including testicular artery and vas deferens. Therefore, the ultrasound technique is medically necessary and appropriate. Due to ongoing pain, a nerve block of genitofemoral nerve under ultrasound guidance is medically necessary and appropriate.