

Case Number:	CM14-0207226		
Date Assigned:	12/12/2014	Date of Injury:	07/18/2012
Decision Date:	02/12/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 43 year old female with an injury date on 7/18/12. The patient complains of chest pain/pressure, and arm pain/tingling per 9/18/14 report. The patient's pain has not improved significantly, and is currently not working per 9/18/14 report. The patient has severe pain in the right hernia with burning sensation, radiating into the bilateral legs causing weakness, and a lot of itchiness per 8/29/14 report. The patient rates her pain as 7/10, which increases with any movement per 9/5/14 report. Based on the 9/18/14 progress report provided by the treating physician, the diagnosis is s/p right hernia repair (9/5/12). A physical exam on 9/18/14 showed "tenderness to palpation of abdomen with a red skin rash." Patient is using a rolling walker to ambulate per 9/5/14 report. As per 5/29/14 report, the patient has a large rash to the abdomen right lower quadrant extending into the upper thigh on the right side, and has tenderness in the region. The patient has a positive straight leg raise which produces severe hip right-sided and inguinal and lower abdominal pain per 5/29/14 report. The patient's treatment history includes medications, right hernia inguinal repair, and arthroscopic knee surgery (unspecified, 2005). The treating physician is requesting iliopsoas tendon on the right side hip with fluoroscopy and anesthesia. The utilization review determination being challenged is dated 11/6/14 and denies request as the patient has pain over the prior operated hernia site and trochanteric bursa, but not the iliopsoas muscle. The requesting physician provided treatment reports from 6/30/14 to 9/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Iliopsoas tendon on the right side hip with fluoroscopy and anesthesia: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Injections

Decision rationale: This patient presents with chest pain, arm pain and is s/p right inguinal hernia repair from 9/5/12. The treater has asked for iliopsoas tendon on the right side hip with fluoroscopy and anesthesia but the requesting progress report is not included in the provided documentation. The treater is requesting an iliopsoas block prior to a redo of the right inguinal surgery per utilization review dated 11/6/14. MTUS and ACOEM do not discuss this request. ODG guidelines do not address iliopsoas tendon injection but under pain chapter, regarding injections, it states, "Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." In this case, there is no explanation of the requested injection. No rationale or support for the injection is provided. There is lack of any discussion in the guidelines regarding this type of injection. Given the lack of medical evidence, the request is not medically necessary.