

Case Number:	CM15-0100737		
Date Assigned:	06/03/2015	Date of Injury:	06/26/2008
Decision Date:	07/21/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona

Certification(s)/Specialty: Surgery

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 43 year old male who sustained an industrial injury on June 26, 2008. He has reported chronic groin pain and has been diagnosed with bilateral groin pain, chronic pain, right inguinal pain, and neuritis. Treatment has included surgery, medications, injections, and acupuncture. The groin had well healed scars in the right inguinal region, no palpable hernias. The injured worker had significant tissue pain on palpation of the right groin, decreased sensation in region of neurotomy. The treatment request included an open exploration or laparoscopic vas neurolysis and genital neurectomy with possible hernia repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open exploration or laparoscopic vas neurolysis and genital neurectomy with possible hernia repair, start 6/25/15 with 23 hours stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Influence of Preservation Versus Division of Ilioinguinal, Iliohypogastric, and Genital Nerves During Open Mesh Herniorrhaphy

Decision rationale: Moderate to severe chronic pain, generally seen 3 months after surgery, may result in a potentially debilitating condition, becoming not only a therapeutic challenge but sometimes resulting in the patient being unable to perform daily activities or to return to work. It may be refractory to analgesics and successfully treated only by further surgery, such as neurectomy, neurolysis, or excision of the neuroma. This complication is more frequent than would appear from reports in the literature, with the incidence increasing in recent years. Severe and chronic testicular pain after inguinal hernia repair can be treated by a designed approach that identifies the genital branch of the genitofemoral nerve in the proximal inguinal canal, its resection point proximal to the previous operative field, and placement behind the peritoneum. Therefore, in this patient with persistent right groin pain and prior resection of the ilioinguinal nerve and iliohypogastric nerve, and no significant relief with injections, I do not feel that he will benefit from further groin exploration. He is not having testicular pain. He has no evidence of a recurrent hernia on examination and has already had 2 nerves resected in the groin. I feel he will not likely gain significant benefit from further operative intervention. The request is not medically necessary.