

Case Number:	CM15-0104365		
Date Assigned:	06/08/2015	Date of Injury:	06/04/2011
Decision Date:	07/15/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 56 year old female injured worker suffered an industrial injury on 06/04/2011. The diagnoses included left inguinal repair 1/30/2015. The injured worker had been treated with surgery and medications. On 5/5/2015 the, treating provider reported sharp, aching and radiating pain down her left leg as well as pain on the left inguinal scar area characterized as localized hyperalgesic neuropathic pain in the left ilioinguinal nerve. The treatment plan included Left Ilioinguinal nerve injection and scar injection with ultrasound/fluoroscopy guidance with monitored anesthesia care for the left inguinal hernia surgical site.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ilioinguinal nerve injection and scar injection with ultrasound/fluoroscopy guidance with monitored anesthesia care for the left inguinal hernia surgical site: 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).

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 Hip and pelvis chapter, ilioinguinal nerve block and Other Medical Treatment

Guidelines

www.guidelines.com,<http://www.ncbi.nlm.nih.gov/pubmed/?term=ilioinguinal+nerve+block+chronic+pain>.

Decision rationale: Regarding the request for Left Ilioinguinal nerve injection and scar injection with ultrasound/fluoroscopy guidance with monitored anesthesia care for the left inguinal hernia surgical site. CA MTUS does not address Ilioinguinal nerve injections. ODG also does not address Ilioinguinal nerve injections but rather blocks for postoperative pain. ODG in reference to injections in general states there should be 50% improvement with objective functional improvement. Searching guidelines.com show these injections are used for postoperative pain. Literature search shows that Ilioinguinal nerve injections can be done when patients fail conservative measures. Additionally these injections are generally performed without fluoroscopic or ultrasound guidance and without sedation. In the documentation available for review, there is no documentation of failure of conservative therapy. Also, the physician does not document functional limitations or quantify how much pain is coming from the groin region versus the patients usual pain. In addition, there is no rationale for why the injection is needed to be under ultrasound or fluoroscopic guidance with the addition of monitored anesthesia care. Therefore, the request for Left Ilioinguinal nerve injection and scar injection with ultrasound/fluoroscopy guidance with monitored anesthesia care for the left inguinal hernia surgical site is not medically necessary.