

<b>Case Number:</b>	CM15-0107433		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	11/04/2014
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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 52-year-old male injured worker suffered an industrial injury on 11/04/2014. The diagnoses included left inguinal hernia repair with prolene mesh 1/6/2015 and a right inguinal hernia repair with prolene mesh 1/20/2015. The injured worker had been treated with medications and pain injections. On 4/23/2015, the treating provider reported right constant right groin pain that is moderate to severe along with tenderness of the right groin. The treatment plan included Right groin exploration and Right Inguinal triple neurectomy with Assistant surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right groin exploration and Right Inguinal triple neurectomy:** Overturned

**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 - Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Current trends in the diagnosis and management of post-herniorraphy chronic groin pain. World J Gastrointestinal Surg. 2011 Jun 27; 3(6): 73-81.

**Decision rationale:** Treatment for chronic groin pain after inguinal hernia repair can be both nonsurgical and surgical. Nonsurgical treatment will include lifestyle modification, analgesics, physical and psychological therapies, and nerve blocks. Surgical treatment with possible mesh removal and neurectomy is required if refractory pain persists after treatment with oral analgesics and/or local nerve(s) blockades. Nerve block must have resulted in a complete or substantial decrease in pain before neurectomy can be recommended. Failure or recurrence of pain following at least 2 attempted nerve blocks is the criterion for choosing surgery followed in most units worldwide. The timing of surgical intervention should ideally be at least 6 months after herniorrhaphy to give adequate time for any neuropraxia to settle and time to try medical management. In this patient, he has been treated with oral analgesics and 3 nerve blocks which have failed to resolve his pain in his groin. As it has been just over 6 months from his original hernia repair, this is deemed a medically necessary operation and the prior Utilization Review denial is overturned.

**Associated surgical service: Assistant surgeon:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Physician Fee Schedule Relative Value File.

**Decision rationale:** The Medicare Physician Fee Schedule Relative Value File for 2015 was searched for CPT codes 64425, 54550. Medicare specifies the procedures for which it allows additional payment for a surgical assistant as identified by the ASST SURG column of the Medicare Physician Fee Schedule Relative Value File. Indicators in the ASST SURG column are: 2 Medicare will pay for an assistant at surgery for that particular code 1 an assistant at surgery will not be paid. The following CPT codes were submitted for the operation: 54550 exploration for testis: Surgical Assistant 264425 nerve block injilioing/hypogastric: Surgical Assistant 1Based on this review, it is medically necessary to have a surgical assistant present for the surgical groin exploration and triple neurectomy. The prior Utilization Review decision is overturned.