

<b>Case Number:</b>	CM15-0149104		
<b>Date Assigned:</b>	08/14/2015	<b>Date of Injury:</b>	04/30/2015
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 64 year old male, who sustained an industrial injury on 4-30-2015. He reported left groin pain. Diagnoses have included left groin pain, left ilioinguinal nerve entrapment, left iliohypogastric neuralgia and history of inguinal hernia surgery (2010). Treatment to date has included physical therapy and medication. According to the progress report dated 7-9-2015, the injured worker complained of left groin pain. He also complained of numbness and tingling in his left leg. Physical exam revealed tenderness to touch in the left groin. There was no obvious bulge. Authorization was requested for ultrasound guided left ilioinguinal-iliohypogastric nerve block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**US guided left ilioinguinal/iliohypogastric nerve block Qty 1.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ilioinguinal nerve ablation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Injection with anesthetics and/or steroids.

**Decision rationale:** The MTUS and ODG are silent on ilioinguinal nerve block and iliohypogastric nerve block. With regard to general pain injections, the ODG 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. Per the documentation submitted for review, the injured worker was seen by [REDACTED] on 6/1/15 who did not find evidence of recurrent hernia but diagnosed him with left ilioinguinal neuropathy. He was then referred to pain management and saw [REDACTED] on 6/26/15 for left groin pain and he concurred with the diagnosis of left ilioinguinal entrapment, and also suggested left iliohypogastric neuralgia. I respectfully disagree with the UR physician's assertions that there was no diagnosis of nerve entrapment, which would be the indication for performing the block and that there was no physical exam presented to determine if the patient developed an inguinal hernia as a cause for his pain. The request is medically necessary.