

Case Number:	CM15-0160291		
Date Assigned:	08/26/2015	Date of Injury:	11/08/2013
Decision Date:	09/29/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/17/2015

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

Certification(s)/Specialty: Emergency 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 injured worker is a 44-year-old male who sustained an industrial injury on November 8, 2013 resulting in groin and testicular pain. He was diagnosed with left varicocele and hernia hydrocele, which was repaired surgically, and subsequently, an ultrasound on May 26, 2015 showed a right hydrocele. Documented treatment has included hernia repair and orchidopexy on the left, and Ibuprofen. The injured worker continues to present with pain and tenderness in the left testicle. The treating physician's plan of care includes a series of 3 ilioinguinal nerve blocks. Work status is with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 ilioinguinal nerve blocks: 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, Hernia, Ilioinguinal nerve ablation.

Decision rationale: The requested Series of 3 ilioinguinal nerve blocks, is not medically necessary. CA MTUS and ODG are silent on this specific issue. Official Disability Guidelines, Hernia, Ilioinguinal nerve ablation noted: "Recommended as an option in persistent groin pain post hernia repair. Inguinal hernia repair is associated with a high incidence of chronic postsurgical pain. This pain may be caused by injury to the iliohypogastric, ilioinguinal, or genitofemoral nerves. It is often difficult to identify the specific source of the pain, in part, because these nerves are derived from overlapping nerve roots and closely colocalize in the area of surgery. It is therefore technically difficult to selectively block these nerves individually proximal to the site of surgical injury. In particular, the genitofemoral nerve is retroperitoneal before entering the inguinal canal, a position that puts anterior approaches to the proximal nerve at risk of transgressing into the peritoneum. We report a computed tomography (CT)-guided transpsoas technique to selectively block the genitofemoral nerve for both diagnostic and therapeutic purposes while avoiding injury to the nearby ureter and intestines." The injured worker was diagnosed with left varicocele and hernia hydrocele, which was repaired surgically, and subsequently, an ultrasound on May 26, 2015 showed a right hydrocele. Documented treatment has included hernia repair and orchidopexy on the left, and Ibuprofen. The injured worker continues to present with pain and tenderness in the left testicle. The treating physician has not documented sufficient, failed trials of conservative care for neuropathic pain, including anti-depressant, anti-convulsant and Lidoderm topical medications. The criteria noted above not having been met, Series of 3 ilioinguinal nerve blocks is not medically necessary.