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| Case Number: | CM15-0165276 | | |
| Date Assigned: | 09/02/2015 | Date of Injury: | 04/17/2012 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 08/14/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 42 year old male, who sustained an industrial injury on April 17, 2012. He reported an injury to his right groin and was diagnosed with inguinal hernia. Treatment to date has included right ilioinguinal-iliohypogastric nerve block, modified work, and medications. Currently, the injured worker complains of pain in the right groin. On physical examination the injured worker has a soft non-distended abdomen. He has abdominal guarding over his right inguinal scar site with radiation of pain into the right testicle. The injured worker has right lower quadrant abdominal pain with referral pain to the lower abdomen and right groin with twitch response. The documentation reveals the injured worker has had four ilioinguinal nerve blocks with 70% improvement in his right groin pain. The diagnoses associated with the request include right ilioinguinal neuralgia and myofascial pain syndrome of the right groin. The treatment plan includes Lidoderm patch, TENS unit therapy and radiofrequency ablation of the ilioinguinal nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temporary placement of peripheral nerve stimulator leads for R groin pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23111288>.

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), Percutaneous electrical nerve stimulation (PENS).

Decision rationale: The claimant sustained a work injury in April 2012 after developing an inguinal hernia while working as a mechanic. He underwent surgery and has chronic right groin pain. Treatments have included multiple ilioinguinal nerve blocks with a reported 70% improvement in groin pain with improved activity tolerance. When seen, pain was rated at 2/10. Physical examination findings included allodynia and hyperesthesia over the right groin and hypersensitivity in an ilioinguinal nerve distribution. A trial of TENS was started. Authorization for a peripheral nerve stimulator is being requested. Percutaneous electrical nerve stimulation (PENS) is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. It is generally reserved for patients who fail to get pain relief from TENS. In this case, there is no documented failure of an appropriate trial of TENS, which is also being recommended. The requested percutaneous electrical peripheral nerve stimulation treatments are not medically necessary.