

Case Number:	CM15-0209418		
Date Assigned:	10/28/2015	Date of Injury:	11/11/2013
Decision Date:	12/17/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/23/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 35 year old male, who sustained an industrial injury on 11-11-2013. The injured worker is undergoing treatment for: neuralgia of groin, groin sprain, groin pain, left abdominal wall strain. On 6-26-15, he reported pain in the left lower quadrant of the abdomen and left groin. Physical examination revealed the abdomen to be soft, flat, no palpable organomegaly, audible bowel sounds, and localized tenderness at the left border of the rectus abdominis one inch below the umbilicus, no discernible hernia of the abdominal wall, normal penis, normal testicles, and small reducible left inguinal hernia. The treatment and diagnostic testing to date has included: medications. Medications have included: naproxen. Current work status: partially temporarily disabled. The request for authorization is for: series of 8 injections of Marcaine and depo Medrol for groin pain. The UR dated 9-26-15: non-certified the request for series of 8 injections of Marcaine and depo Medrol for groin pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 8 injections of Marcain and Depo Medrol for groin pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Adductor Strain Treatment & Management, Author: Marlon P Rimando, MD; Chief Editor: Consuelo T Lorenzo, MD, <http://emedicine.medscape.com/article/307308-treatment>, Sept 3rd 2014.

Decision rationale: Eight injections with Marcain and Depo Medrol have been requested for injection into the lateral rectus muscle per the utilization review physician's discussion with the requesting physician. MTUS, ACOEM, and ODG guidelines do not address this request. Apparently the treating physician stated that he has already given steroid shot to the patient in this area, and that they "have not done much good." Therefore, continued injections with Marcain and Depo Medrol are not indicated. This request is not medically necessary.