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| <b>Case Number:</b>   | CM15-0219825 |                              |            |
| <b>Date Assigned:</b> | 11/12/2015   | <b>Date of Injury:</b>       | 05/29/2015 |
| <b>Decision Date:</b> | 12/23/2015   | <b>UR Denial Date:</b>       | 10/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/09/2015 |

### 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: North Carolina  
 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:

This 62 year old male sustained an industrial injury on 5-29-15. Documentation indicated that the injured worker was receiving treatment for right groin pain status post right inguinal hernia with repair (2007). The injured worker underwent diagnostic laparoscopy and injection of right groin with Kenalog and marking on 7-20-15. In the operative report, the surgeon noted that there was "absolutely no current hernia" or evidence of infection in the right groin. Evidence of mesh was seen. The surgeon stated that the injured worker most likely had pain from his inflammation. Computed tomography abdomen and pelvis (9-4-15) showed focal soft tissue prominence in the right inguinal canal region noted to be possible scar or edema from prior surgery. In a PR-2 dated 9-25-15, the injured worker complained of ongoing right groin pain. The injured worker stated that Kenalog injection in July 2015 had provided some pain relief. Physical exam was remarkable for tenderness to palpation at the right inguinal area. The treatment plan included continuing pain medications and a referral to pain management for injection of the affected area. On 10-13-15, Utilization Review non-certified a request for referral to pain management for the right groin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to pain management for the right groin Qty: 1.00: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Second Edition 2004 page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing groin pain despite conservative therapy with no evidence of hernia on physical exam. Therefore, the need for a pain management consult has been established and the request is medically necessary.