

<b>Case Number:</b>	CM15-0011965		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 59 year old female, who sustained an industrial injury on 02/10/2009. Past surgical history was positive for lumbar decompression in 2000, and right inguinal hernia surgery on 5/2/10. She has reported persistent groin and lower abdominal pain radiating down into the genitalia and right lower extremity since the hernia repair, consistent with genitofemoral neuralgia. Records indicated that the patient had undergone prior right genitofemoral nerve block under fluoroscopy with phenol neurolysis therapy (ilioinguinal nerve ablation), last certified in October 2013. She has also been diagnosed with failed back surgery syndrome, with right lower extremity radiculitis and sensory radiculopathy. Conservative treatment has included opioid medications, anxiolytic medications, psychotherapy, and physical therapy. The 9/22/14 pain management report cited severe low back pain radiating down the right posterolateral thigh and leg, with numbness and tingling in the outer foot. She had stabbing and burning pain involving the right groin, right genitalia and inner thigh. Physical exam documented exquisite tenderness in the right pelvic region, directly over the medial aspect of the pubic bone, where the genitofemoral nerve courses. Previous genitofemoral nerve blocks were greatly helpful and recommended, with phenol neurolysis treatment. The treating physician indicated that the patient had been on Opana, Percocet, Soma and Xanax for years. She was working and functioning in activities of daily living with medications, which she was paying for out of pocket. Medications were reviewed and prescribed. The denial of medications could lead to withdrawal. The patient should be afforded in-patient detoxification if her medications continue to be denied. The treatment plan also recommended that the patient should undergo behavioral pain management to

assist with physiological issues due to chronic pain. Certification of one behavioral pain management referral was noted on 10/7/14. On 01/09/2015 Utilization Review non-certified right genitofemoral nerve block under fluoroscopy with phenol neurolysis therapy, detoxification and behavioral pain management. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines and ODG were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right Genitofemoral Nerve Block under Fluoroscopy with Phenol Neurolysis Therapy:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hernia

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hernia: Ilioinguinal nerve ablation

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this request. The Official Disability Guidelines recommend ilioinguinal nerve ablation 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. Surgical treatment is required if refractory pain persists after treatment with oral analgesics and/or local nerve(s) blockades. This patient has been diagnosed with genitofemoral neuralgia and previous undergone nerve blocks with stated benefit. However, there is no documentation as to the number or most recent date of nerve block(s), specific pain reduction, length of benefit, or objective functional improvement to establish the medical necessity of an additional block. Records additionally indicate that revision hernia surgery has been recommended. Therefore, this request for right genitofemoral nerve block under fluoroscopy with phenol neurolysis therapy is not medically necessary at this time.

**Detoxification:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

**Decision rationale:** The California MTUS indicate that detoxification may be necessary due to intolerable side effects, lack of response, aberrant drug behaviors relative to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Gradual weaning of medications is recommended for long-term opioid uses because opioids cannot be abruptly discontinued without probably risk of withdrawal symptoms. Guideline criteria have not been met. This patient has been using opioid pain medications since approximately 2000 in the management of her non-industrial failed back syndrome. Recommendations for weaning and

discontinuation of use relative to the 2/10/09 industrial injury have been made since at least 2012. Medication use has been stable and paid for by other means. There is no indication that gradual medically recommended weaning would not be appropriate for discontinuation of this patient's medications. Additionally, there are no specific parameters outlined relative to this request, in terms of type of program, length of program, etc., to allow for application of guidelines. Therefore, this request for detoxification is not medically necessary.

**Behavioral Pain Management Referral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends behavioral interventions and state the identification and reinforcement of coping skills is often more useful in the treatment of pain than on-going medication or therapy, which could lead to psychological or physical dependence. Guideline criteria have not been met. This patient was recently certified for one behavioral pain management referral. There is evidence of on-going psychotherapeutic interventions. There is no compelling reason provided to support the medical necessity of an additional behavioral pain management referral without a specific treatment plan recommendation based on the initial behavioral pain management assessment. Therefore, this request for behavioral pain management referral is not medically necessary.