

<b>Case Number:</b>	CM15-0019257		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Physical Medicine & Rehabilitation

### 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 male, who sustained an industrial injury on 2/3/2014. He reports inguinal pain. Diagnoses include bilateral inguinal hernias and chronic post-operative pain. Treatments to date include bilateral inguinal herniorrhaphy and medication management. A progress note from the treating provider dated 1/14/2015 indicates the injured worker reported persistent right sided inguinal pain. On 1/28/2015, Utilization Review modified the request for right ilio-inguinal/ilio-hypogastric block to a right ilio-hypogastric block, citing MTUS and non-MTUS/ACOEM/Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right ilioinguinal/iliohypogastric block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hernia. 2013 Jun;17(3):329-32. doi: 10.1007/s10029-012-0998-y. Epub 2012 Sep27. Ultrasound-guided ilioinguinal/iliohypogastric nerve blocks for chronic pain after inguinal hernia repair. Tlomassen I, van Suijlekom JA, van de Gaag A Ponten JE, Nienhuijs SW

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, under injections

**Decision rationale:** This patient presents with bilateral inguinal hernia and has persistent right sided pain. The current request is for RIGHT ILIOINGUINAL/ILIOHYPOGASTRIC BLOCK. The MTUS and ACOEM do not discuss ilioinguinal nerve blocks. However ODG guidelines under the pain chapter, under injections states: Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. The Utilization review modified the certification and approved the request iliogypogastic block as it would be reasonable to try the injection to see if the claimant will receive benefit; however, denied the request for ilioinguinal block stating that the patient received prior injection "without noticeable relief." In this case, the treating physician has failed to document at least 50% pain decrease, improved function, medication reduction or return to work status with prior injection. Given such, recommendation cannot be made. This request IS NOT medically necessary.