

Case Number:	CM15-0119162		
Date Assigned:	06/29/2015	Date of Injury:	05/29/2010
Decision Date:	08/17/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/19/2015

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 62 year old male who sustained an industrial injury on 5/29/10. The mechanism of injury was unclear. He currently complains of back pain with radiation to the right leg, right groin pain, left inguinal area pain. Medication was Motrin. Diagnoses include elbow pain; right groin pain; status post left inguinal hernia repair; chronic pain. Treatments to date include H-wave with benefit; ice; heat; exercise; medication. Diagnostics include abdominal x-rays (4/15) normal; computed tomography (3/27/12); MRI (3/27/12); ultrasound (12/15/14) showing no inguinal hernia; abdominal radiograph (8/22/11) unremarkable. On 5/19/15 the treating provider requested inguinal nerve block with ultrasound guidance for right inguinal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inguinal nerve block with ultrasound guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p60.

Decision rationale: The claimant sustained a work-related injury in May 2010 and underwent an inguinal hernia repair. When seen, he was having inguinal pain. There were multiple trigger points. The assessment references possible genitofemoral or ilioinguinal nerve entrapment. Authorization for an ultrasound guided nerve block was requested. Guidelines state that local anesthetic injections have been used to diagnose certain pain conditions that may arise out of occupational activities, or due to treatment for work injuries. Local anesthetic injections may be useful when differentiating pain due to compression of a nerve from other causes. In this case, the claimant has ongoing inguinal pain after hernia surgery. Nerve entrapments are a recognized potential complication and source of pain following this procedure. The requested nerve block is medically necessary.