

Case Number:	CM15-0119332		
Date Assigned:	06/29/2015	Date of Injury:	08/01/2013
Decision Date:	09/01/2015	UR Denial Date:	05/19/2015
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: Arizona, California
 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 37 year old male sustained an industrial injury on 8-01-13. He subsequently reported neck, back, and right groin area pain. Diagnoses include lumbosacral sprain and strain. Treatments to date include hernia surgery and prescription medications. The injured worker continues to experience cervical and lumbar area pain. Upon examination, there is tenderness to palpation about his upper lumbar spine. Range of motion is reduced. Straight leg raising test is negative bilaterally. A request for Right ilioinguinal/iliohypogastric nerve block was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ilioinguinal/iliohypogastric nerve block: Overturned

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 Official Disability Guidelines (ODG) Hip pain and pg 18.

Decision rationale: According to the guidelines, iliinguinal nerve ablation is recommended for entrapment of the ilioinguinal nerve. In this case, the claimant has a history of testicular pain and a history of inguinal hernia. Pain was persistent despite oral medication use. The request for a nerve block is medically necessary prior to considering any other procedures such as a nerve ablation.