

Case Number:	CM15-0129841		
Date Assigned:	07/16/2015	Date of Injury:	01/04/2010
Decision Date:	09/15/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/06/2015

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

Certification(s)/Specialty: 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 51 year old male, who sustained an industrial injury on 1/4/10. Initial complaints were not reviewed. The injured worker was diagnosed as having abdominal pain, other specified site multiple sites; neuralgia, neuritis and radiculitis unspecified. From the treating physician's note January, 2015 treatment to date has included neuropathic medications, pain medications & opioids. He has also had Physical Therapy and 3 shots which provided him symptomatic improvement for 2 days. Currently, the PR-2 notes dated 5/12/15 indicated the injured worker has had severe inguinodynia status post bilateral laparoscopic inguinal hernia surgery with mesh and tacks. He has had primarily severe neuropathic pain with very significant neuropathic complaints and hypersensitivity. He is a status post left-sided triple neurectomy retroperitoneally on 3/12/15 for the prior laparoscopic bilateral inguinal hernia repair. He has had bilateral pain with the left side worse than the right. The provider notes a neurectomy was performed to reduce his neuropathic pain but he continues to have nociceptive complaints. He has a significant amount of tacked material with multiple metallic tacks noted from prior repairs. His surgeries planned were staged to minimize overall risk. If the neurectomy on the left is effective the plan is doing the repair directly on the right side. If he still has a meshoma or notes pain related to the tacks in mesh, they will consider combining the exploration. The provider notes the injured worker reports improvement of his left-sided pain but still has some mild hypersensitivity. He was started on Lyrica. At this time the provider notes the injured worker is numb in the appropriate distribution, but has caused him some hypersensitivity. The provider is requesting authorization of right triple neurectomy with exploratory laparoscopy with mesh and tack removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right triple neurectomy wit exploratory laparoscopy with mesh and tack removal:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Hernia/ Post-hemiorrhaphy pain syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Current trends in the diagnosis and management of post- herniorraphy chronic groin painWorld J Gastrointest Surg. 2011 Jun 27; 3(6): 73-81.

Decision rationale: Removal of the foreign body (mesh) alone has not been shown to relieve chronic groin pain. It is thought that it is due to chronic inflammation around the nerves from the mesh-induced reaction and the consequent degenerative nerve damage. Traditionally, surgical treatment of chronic groin pain includes groin exploration, mesh removal and neurectomy. Surgical treatment is required if refractory pain persists after treatment with oral analgesics and/or local nerve(s) blockades. Nerve block must have resulted in a complete or substantial decrease in pain before neurectomy can be recommended. A combined open and laparoscopic approach has been proposed by two groups. An initial laparoscopic approach aids examination of the inguinal areas to rule out a recurrent hernia or any other inguinal pathology. At the same time if a previous laparoscopic repair was performed, the mesh was excised and triple neurectomy plus re-do repair carried out using an open approach. Conversely, if an open repair was done previously, the inguinal areas were checked initially using laparoscopy and a TAPP repair performed, followed by mesh removal plus triple neurectomy through the previous open incision. This patient has failed nonoperative management with pain medications, neuropathic medications, physical therapy and injections. He did have the left groin explored and triple neurectomy performed with relative success. The right groin also has pain and there is mention of prior mesh and hernia tacks from prior repair. Therefore, it is reasonable and medically necessary and appropriate for the requested treatment of right triple neurectomy with exploratory laparoscopy with mesh and tack removal. The request is medically necessary.