

Case Number:	CM15-0177419		
Date Assigned:	09/18/2015	Date of Injury:	03/07/2013
Decision Date:	10/21/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/09/2015

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 57 year old male, who sustained an industrial-work injury on 3-7-13. A review of the medical records indicates that the injured worker is undergoing treatment for left groin pain, neuralgia and neuritis of the lower leg, unilateral inguinal hernia with obstruction without gangrene and inguinal pain. Medical records dated 8-5-15, indicate that the injured worker complains of persistent chronic pain in the left inguinal area. He has history of work-related lifting injury with hernias in the umbilical areas and left groin-inguinal region. He has history of umbilical hernia repair, left inguinal hernia repair with persistent burning pain afterwards and then went on to have left inguinal hernia repair again dated April 2014. He notes that the burning pain has persisted even after the follow up surgery. He reports that the pain is even more severe with increased activities. He also reports muscle aches and back pain. The medical records also indicate worsening of the activities of daily living with limitations due to persistent chronic pain in the left inguinal region. Per the treating physician report dated 8-5-15 the injured worker retired and has returned to work in a self-employed capacity. He is permanent and stationary. The physical exam dated 8-5-15 reveals that the exam of the abdomen noted well healed surgical scars around the umbilicus and in the left inguinal area. There is an area of tenderness distal to the inguinal surgical scar near the location of the spermatic cord at the top of the scrotum. The physician indicates that the injured worker has developed persistent burning nerve pain in the left inguinal region. He has constant neuralgia that limits his ability to perform activities of daily living (ADL). The physician also indicates that he recommends Lumbar sympathetic block on the left at least once to see if some of the nerve pain symptoms will

improve. Treatment to date has included pain medication, surgery, home exercise program (HEP) and other modalities. The request for authorization date was 8-10-15 and requested service included Lumbar sympathetic block, left. The original Utilization review dated 8-21-15 non-certified the request as the physical exam does not reveal any neurological deficits and the injured worker reports a very low pain level of 2 out of 10 on pain scale and it is unclear why the injured worker would undergo an injection with this pain level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sympathetic block, left: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, CRPS, sympathetic blocks.

Decision rationale: The claimant sustained a work injury in March 2013 and was seen for an initial evaluation by the requesting provider on 08/05/15. He had a history of an umbilical hernia repair followed by a left inguinal hernia repair. A second inguinal surgery was performed in April 2014 without improvement. He was having ongoing significant left groin pain with burning symptoms. Physical examination findings included a body mass index over 31. There was groin tenderness without hypersensitivity, allodynia, and negative Tinel's testing. ODG addresses the role of lumbar sympathetic blocks. Requirements include fulfilling the Budapest (Harden) criteria for this diagnosis. In this case, there are no complaints or physical examination findings that support the injection being requested and the criteria are not fulfilled. A lumbar sympathetic block is not appropriate or medically necessary.