

Case Number:	CM15-0097337		
Date Assigned:	05/29/2015	Date of Injury:	05/23/2012
Decision Date:	07/03/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/21/2015

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: 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:

The injured worker is a 40 year old male patient who sustained an industrial injury on 05/23/2012. The accident is described as while working duty as a store clerk in a tire center he was lifting batteries from the floor to a shelf and he felt a pulling, burning sensation in the right groin. The worker continued working but after two days without any diminished pain he reported the injury to employer. He was examined on 05/26/2012 and was determined to have a right inguinal hernia was referred to a general surgeon who recommended treatment for pulled hip flexor, prescribed medications and physical therapy course. The patient showed no benefit from 8 session of therapy and continued with bilateral groin pain. He underwent another magnetic resonance imaging study on 04/2013 and was found to have bilateral inguinal hernias. In June 2013 he subsequently underwent a right open inguinal repair. Post-surgery he still had complaint of pain. By September of 2013 the patient was released back to work without restriction, although, he was still experiencing both an intermittent left groin pain and constant right groin pain. Documentation showed the patient undergoing a magnetic resonance imaging study of pelvis without contrast on 02/28/2014 which revealed mild osteoarthritic changes of the bilateral hips; post-surgical changes are noted involving the lower lumbar spine. A recent follow up visit dated 04/28/2015 reported current medications are: Nucynta 50mg one every 6 hours as needed, Nucynta ER 100mg one every 24 hours as needed, Tramadol ER, and Trazadone 100mg 1-3 every HS. The impression found the patient with neuropathy of the lower extremity, neuropathy peripheral and ilioinguinal and iliohypogastric neuralgia. The patient reports feeling

depressed; in addition, he having constant right groin pain that has been progressively worsening over the past two years. The injured worker has undergone prior ilioinguinal nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided right ilioinguinal nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

Decision rationale: According to ODG, pain injections general are 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. In this case, the injured worker has undergone prior ilioinguinal nerve blocks and the medical records do not establish improvement from the prior blocks to support the request for repeat procedure. The request for Ultrasound guided right ilioinguinal nerve block is not medically necessary and appropriate.