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Notice of Independent Review Decision

DATE OF REVIEW: 12/20/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 1 Right Iliioinguinal Block between 10/6/2010 and 12/5/2010. This is an appeal to review 69284.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas Board Certified Physical Medicine & Rehabilitation
Texas Board Certified Pain Management

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 04/26/10 - Peer Review
2. 08/12/10 - Clinical Note - PA-C
3. 08/25/10 - Utilization Review
4. 10/13/10 - Utilization Review
5. 11/30/10 - Peer Review
6. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a female with complaints of right groin pain.

The claimant was seen for evaluation. The claimant complained of sharp pain to the right pelvic area. Current medications included Cymbalta, Lidoderm patch, Voltaren gel, and Tramadol. Physical examination revealed groin tenderness. Patrick's test was

positive on the right. The claimant ambulated with an antalgic gait. Deep tendon reflexes were 2+ in the bilateral lower extremities. The claimant was assessed with neuralgia and strain of unspecified site. The note stated the claimant responded well to an ilioinguinal nerve block without steroids. The claimant had significant

temporary pain relief. The claimant was recommended for right ilioinguinal nerve block with steroid.

The request for one right ilioinguinal block was denied by utilization review on 08/25/10 due to lack of documentation of findings such as pain, tenderness, and sensory deficits consistent with a lesion in the ilioinguinal nerve distribution. There was a lack of information regarding a detailed hip examination with assessment of hip symmetry and anatomic irregularity, tenderness to palpation of the affected area, hip range of motion, discrepancy of leg length, and gait evaluation. There was no detailed assessment for possible contributory medical conditions such as intra-abdominal disorders, genitourinary abnormalities, referred lumbosacral pain from lumbar disc disease, or hip joint disorders to explain the claimant's persistent right groin pain. There was no documentation that the claimant had exhausted initial conservative care consisting of activity modification, optimized pharmacotherapy, and physical therapy.

The request for one right ilioinguinal block was denied by utilization review on 10/13/10 due to lack of detailed neuromuscular examination focused on the hip, such as range of motion, symmetry, or gait description. There was no documentation of pain/tenderness or sensory changes to support a diagnosis of ilioinguinal nerve pathology. There was no objective documentation of benefit from prior ilioinguinal nerve blocks in terms of pain relief through visual analog scale, functional gains, and reduction in medication use. There was no documentation to substantiate failure of other conservative care options. There were no serial therapy progress reports indicating the claimant's response, particularly with regard to function. There was no evidence provided that there was optimization of pharmacologic agents. It was unclear if the claimant was compliant with a home exercise program aimed at functional restoration.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The requested ilioinguinal nerve block is not supported by the clinical documentation provided for review. The claimant's initial examination findings are somewhat consistent with sacroiliac joint dysfunction, and there is minimal clinical documentation that other diagnoses were ruled out before recommending an ilioinguinal nerve block. There are no electrodiagnostic findings or evidence on examination of hyperesthesia in an ilioinguinal nerve distribution and no indication that the claimant has failed conservative treatment including medications and physical therapy.

Given the minimal clinical documentation to support the requested nerve block, medical necessity is not supported.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

1. ***Official Disability Guidelines***, Online Version, Pain Chapter
2. 2.B.C. ter Meulena, E.W. Petersa, A. Wijsmullerb, R.F. Kropmanc, A. Moscha, D.L.J. Tavya. Acute scrotal pain from idiopathic ilioinguinal neuropathy: Diagnosis and treatment with EMG-guided nerve block. Volume 109, Issue 6, Pages 535-537 (July 2007).
3. 3.Andrew C. Zacest, M.D., Stephen T. Magill, B.S., Valerie C. Anderson, Ph.D., and Kim J. Burchiel, M.D. Long-term outcome following ilioinguinal neurectomy for chronic pain. JNS April 2010 Volume 112, Number 4