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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Rt genitofemoral nerve block

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified in Pain Management and Anesthesiology

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
Per the 1/12/11 note, this patient complains of “numbness in groin and right inner thigh.” It is noted that the patient felt pain in the right testicle when lifting a heavy object on x/xx/xx. A note from the Dr on 2/9/11 indicates that the patient is suffering from genitofemoral neuralgia following a hernia repair. The hernia repair was performed on 7/28/09. It is unclear if this was related to a different pain than what began on x/xx/xx. Dr. did not document any exam of the location of the patient’s numbness. He does mention in an addendum on 1/26/11, after the first denial, that “pain was elicited when palpation was performed over the right genitofemoral.” Dr. mentions that the patient complains of pain “in the distribution of Ilioinguinal nerve.” The specific anatomic location of the patient’s pain is not documented. But, it should be noted that Ilioinguinal pain would be different than genitofemoral pain.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
Given the lack of documentation of any anatomic location of pain (e.g. the right testicle) and documentation of different nerves affected (Ilioinguinal by Dr. and genitofemoral by Dr.

) a genitofemoral nerve block is not indicated. A description of the patient's pain is not clearly documented. In addition, a physical exam of the location of the patient's pain has not been performed. The records did not contain evidence of any examination by a urologist, assuming that the testicle is affected. The reviewer finds there is not medical necessity at this time for Rt genitofemoral nerve block.

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

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)