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IRO REVIEWER REPORT

Date: 2/12/2018 5:47:11 PM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Right Ilioinguinal Nerve Block

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a XXXX with a history of an occupational claim from XXXX. XXXX was injured as a result of XXXX, resulting in severe inguinal pain. Prior treatment included bilateral inguinal herniorrhaphies. XXXX was diagnosed with a unilateral inguinal hernia without obstruction or gangrene, and strain of muscle, fascia, and tendon of the pelvis. A CT scan of the abdomen and pelvis performed on XXXX revealed an oval-shaped hypodense nodule superiorly within the left inguinal canal region within the left anterolateral pelvic cavity with density reading of approximately 14 HU. On XXXX, the patient presented for follow-up with ongoing pain rated 6–7/10. XXXX was unable to squat without pain. On examination, there was tenderness to palpation over the right ilioinguinal area, with a well-healed scar observed. The treatment plan included recommendation for physical therapy and right ilioinguinal nerve block. This request was previously reviewed and denied due to minimal documentation regarding conservative care, and no indication that the pain was a result of entrapment of the ilioinguinal nerve, as required by guidelines.

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

According to the Official Disability Guidelines, ilioinguinal nerve ablation is recommended as an option for persistent groin pain following hernia repair. Nerve blocks reversibly interfere with neuronal transmission, leading to temporary pain relief. In this case, the documentation provided for review indicated that the patient complained of ongoing pain in the groin, with a past history of bilateral inguinal herniorrhaphies. However, as previously noted, the submitted documentation did not indicate that the patient had exhausted conservative care modalities such as physical therapy prior to the request

for invasive treatment. According to the Official Disability Guidelines, ilioinguinal nerve ablation is recommended as an option for persistent groin pain following hernia repair. Nerve blocks reversibly interfere with neuronal transmission, leading to temporary pain relief. In this case, the documentation provided for review indicated that the patient complained of ongoing pain in the groin, with a past history of bilateral inguinal herniorrhaphies. However, as previously noted, the submitted documentation did not indicate that the patient had exhausted conservative care modalities such as physical therapy prior to the request for invasive treatment.

Therefore, right ilioinguinal nerve block is not medically necessary, and the prior determination is upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- 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
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Hernia, Ilioinguinal nerve ablation