

<b>Case Number:</b>	CM13-0023748		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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. The expert reviewer is Board Certified in Neurology has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient sustained a work-related injury on January 7, 2013. She subsequently developed chronic back pain, numbness in her vagina area as well as upper inner thigh. An MRI of her brain and lower extremities EMG were normal. Her provider requested authorization for a neurologic consultation for possible genitofemoral neuralgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### NEUROLOGY TREATMENT: Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd Edition, Beverly Farms, MA; OEM Health Information Press 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opsomer, R. J., et al. (1994). "[Electrophysiological study of the distal motor branch of the internal pudendal nerve]." Acta Urol Belg 62(4): 53-55.

**Decision rationale:** Records show that the injured worker has been authorized for a neurological consultation for possible genitofemoral neuralgia. Treatment of this possible condition is not

medically necessary at this time. While the injured worker may have genitorfemoral neuralgia that requires more advanced electodiagnostic testing that is beyond the expertise of a general practitioner and requires the expertise of neurologist with neuromuscular expertise, however without a documented definitive diagnosis, the requested treatment with a neurologist is not medically necessary.