

<b>Case Number:</b>	CM13-0067097		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/10/1986
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 Physician 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 is a 53-year-old female who reported an injury on 09/10/1996. The mechanism of injury was not stated. The patient is diagnosed with peripheral neuropathy and pain in a joint of the lower extremity. A request for authorization was submitted by [REDACTED] on 11/06/2013 for cryotherapy under fluoroscopic guidance. The patient was seen by [REDACTED] on 10/21/2013. The patient reported an increase in pain with the current medication regimen of gabapentin 1200 mg per day. Objective findings included no new neurologic changes with pain upon palpation over the cluneal nerves bilateral. Treatment recommendations at that time included weaning of gabapentin, and cryotherapy to the 2 cluneal nerves bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CRYOTHERAPY UNDER FLUOROSCOPIC GUIDANCE QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Alcohol neurolysis for persistent pain caused by superior cluneal nerves injury after iliac crest bone graft harvesting in orthopedic surgery: report of four cases and review of the literature." SPINE (Phila. PA 1976). 2002 Nov 15;27(22):E478-81.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine National Institutes of

Health. Reg. Anesth. Pain Med. 2000 Nov-Dec. "Superior cluneal nerve entrapment."  
[www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

**Decision rationale:** The superior cluneal nerve is prone to entrapment where it passes through the fascia near the posterior iliac crest. Unilateral low back pain and deep tenderness radiating to the ipsilateral buttock area are the clinical findings accompanying superior cluneal nerve entrapment. Neuropathic ablative procedures using cryotherapy have been well reported. According to the documentation submitted, the employee's physical examination only revealed tenderness to palpation over the cluneal nerves bilaterally. It is also noted that the employee has previously been treated with cryotherapy to the cluneal nerves bilaterally. However, there was no documentation of objective functional improvement that would warrant the need for a repeat procedure. Given the lack of objective measures of significant pain relief or improved function as a result of the initial procedure, as well as the lack of physical examination findings on the requesting date of 10/21/2013, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.