

<b>Case Number:</b>	CM13-0068940		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/03/1997
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Occupational 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 applicant is a [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 3, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; six prior lumbar fusion surgeries; adjuvant medications; psychotropic medications; and extensive periods of time off of work. A January 14, 2014 progress note is notable for comments that the applicant was with 3-4/10 low back pain. The applicant is on Butrans, Cymbalta, Motrin, Lyrica, and Tramadol. Operating diagnoses include depression, lumbar radiculopathy, neuritis, and postlaminectomy syndrome. The applicant is asked to continue Lyrica, refill tramadol, and restrict usage of Motrin as it is causing abdominal complaints. Butrans is renewed. The applicant is asked to hold off on the proposed cluneal nerve block with ultrasound guidance as the applicant's pain is ameliorated and better with medications. On January 29, 2013, the applicant was described as having issues with depression, tobacco abuse, and alcoholism. The applicant had apparently resumed drinking at that point. In an earlier note of November 25, 2013, the attending provider sought authorization for a right cluneal nerve block stating that the applicant's pain was confined to the right posterior gluteal region just above the fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Left Cluneal Nerve Block with Ultrasound Guidance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmed/11097676>, Superior Cluneal Nerve Entrapment, Talu GK, Ozyalcin S, Talu U., Source Department of Algology, Medical Facility of Istanbul, Istanbul University, Monoblok, Capa Klinikleri, 34390 Capa, Istanbul, Turkey: Abstract-Backg

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300.

**Decision rationale:** As noted in MTUS-adopted ACOEM Guidelines in Chapter 12, page 300, invasive techniques such as the proposed cluneal nerve block being sought here are of "questionable merit." In this case, it is noted that the attending provider ultimately withdrew the request in question, noting that the applicant's pain complaints had subsided. It is further noted that there is considerable lack of diagnostic clarity here. Various diagnoses have been set forth, including lumbar radiculopathy, neuritis, post laminectomy syndrome, failed back syndrome, pain compounded by depression, alcoholism, etc. Therefore, the request is not certified owing to the fact that the attending provider ultimately withdrew the request for the procedure in question, the lack of diagnostic clarity here, and the unfavorable ACOEM recommendation.