

Case Number:	CM14-0008984		
Date Assigned:	02/12/2014	Date of Injury:	10/13/2011
Decision Date:	07/14/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/21/2014

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 patient is a 43-year-old male who has submitted a claim for Lumbar/Lumbosacral Disc Degeneration, Lumbar Radiculitis, Left Sacroiliac Sprain/Strain, Bilateral Facet Syndrome, and Chronic Pain, associated with an industrial injury date of October 13, 2011. Medical records from 2011 through 2013 were reviewed, which showed that the patient would like a repeat of cluneal nerve block. Since his last injection dated February 13, 2013, he had fewer physician visits and was able to tolerate his demanding work environment. On physical examination, lumbar facet loading was negative bilaterally. FABER test was positive on the right. There was tenderness noted over the right piriformis and right sacroiliac joint. Treatment to date has included medications, physical therapy, home exercise program, lumbar epidural steroid injections, and cluneal nerve block (February 13, 2013). Utilization review from December 26, 2013 denied the request for bilateral cluneal nerve block because there was no documentation of contraindications to other appropriate treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CLUNEAL NERVE BLOCK QUANTITY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 55-56, 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous Regional Sympathetic Blocks, Nerve Blocks Page(s): 55, 67.

Decision rationale: According to page 55 & 67 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, nerve blocks are not recommended except when other treatments are contraindicated. In this case, a repeat cluneal nerve block was requested because since his last injection, the patient had fewer physician visits and was able to tolerate his demanding work environment. The requesting physician also stated that a qualified medical evaluation dated August 2013 supported two injections per year. However, the said agreed medical evaluation dated August 19, 2013 recommended 1-2 lumbar epidural steroid injections per year, and there was no mention regarding cluneal nerve blocks. A clear rationale regarding the request for a cluneal nerve block was not provided, when other treatment options such as lumbar epidural steroid injections are available. Therefore, the request for bilateral cluneal nerve block quantity: 1.00 is not medically necessary.