

Case Number:	CM14-0133178		
Date Assigned:	08/25/2014	Date of Injury:	06/20/2011
Decision Date:	09/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/20/2014

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 Family 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 42-year-old female who has submitted a claim for chronic pain syndrome associated with an industrial injury date of June 20, 2011. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of low back pain going into the left groin and down the leg, left and right hip pain, associated with numbness and tingling sensation in the left upper back and increased bilateral foot numbness. Pain was described to be shooting, tingling and dull, with severity of 7/10 and relieved by ice, medications and exercise. There was also complaint of muscle spasm, limited movement and weight gain from the medications. On examination, patient was found to have mild to moderate spasms present in the bilateral trapezius muscles. There was severe left hip pain and decreased range of motion in flexion and extension due to pain. There was numbness/decreased sensation to touch in the left anterior thigh. There was low back pain with spasms in the lower lumbar spine. An electrodiagnostic study conducted on December 30, 2013 revealed normal NCS of the left anterolateral femoral cutaneous nerve and normal EMG/NCS of the left lumbosacral distribution and left leg (no electrical evidence of radiculopathy or peripheral neuropathy). Treatment to date has included medications and occupational/physical/chiropractic therapy. Utilization review from August 18, 2014 denied the request for MRI of the left hip and Nerve block, left lateral femoral cutaneous. The request for MRI of the left hip was denied because there was no clear detail provided as to why the left hip MRI was being requested, how it was to be useful and what previous diagnostic workup had already been requested. The request for the nerve block was denied because there was no clear detail provided whether the block was requested for diagnostic or therapeutic purposes. There

was also no documented electrodiagnostic study that helped to clarify whether a specific nerve problem was occurring objectively with the left lateral femoral cutaneous nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Magnetic resonance imaging (MRI).

Decision rationale: CA MTUS does not address this issue. ODG Hips & Pelvis Chapter states that MRI seems to be the modality of choice for the next step in evaluation of select patients in whom plain radiographs are negative and suspicion is high for occult fracture. Indications for imaging include osseous, articular or soft-tissue abnormalities, osteonecrosis, occult fracture, acute and chronic soft-tissue injuries, and tumors. In this case, the patient has been complaining of chronic back pain radiating down the bilateral lower extremities. However, there was no evidence that an x-ray of the left hip was previously obtained. Furthermore, there was no mention that the patient is suspected for an occult fracture, osteonecrosis, articular or soft tissue injury, tumors nor chronic soft-tissue injuries. Indication for MRI of the left hip was not specified as well. Therefore, the request for MRI of the left hip is not medically necessary.

Nerve block, left lateral femoral cutaneous: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines (ODG), Hip & Pelvis Chapter, Femoral Nerve Block.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Hui GK. Meralgia paresthetica: what an anesthesiologist needs to know. Reg Anesth Pain Med. 2011 Mar-Apr;36(2):156-61.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Regional Anesthesia Pain Medicine journal was used instead. According to an article in this journal, lateral femoral cutaneous nerve block is used in entrapment pain syndrome of the lateral femoral cutaneous nerve. Blockage of the LFCN with local anesthetics and steroids serves both diagnostic and therapeutic roles. In this case, the patient presented symptoms which had LFCN syndrome as a differential. However, an electrodiagnostic study conducted on December 30, 2013 revealed normal NCS findings and

ruling out peripheral neuropathy and radiculopathy. Therefore, the request for Nerve block, left lateral femoral cutaneous is not medically necessary.