

Case Number:	CM14-0157263		
Date Assigned:	09/30/2014	Date of Injury:	06/30/2014
Decision Date:	11/04/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/25/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 29-year-old male who reported injury on 06/30/2014. The mechanism of injury was not submitted for review. The injured worker has diagnoses of right meralgia paresthetica, lumbar core weakness, right iliotibial band restriction and status post right shoulder arthroscopic rotator cuff. Past medical treatment consists of surgery, nerve blocks, physical therapy and medication therapy. Medications include gabapentin, Lisinopril, and simvastatin. No diagnostics were submitted for review. On 07/21/2014, the injured worker complained of right proximal anterolateral thigh pain. Physical examination had it rated at a 4/10 to 9/10. Also noted on physical examination that there was moderate tenderness noted at the right lateral inguinal ligament but from pressure did not provoke concordant right anterolateral thigh numbness or pain. The medical treatment plan is for the injured worker to have radiofrequency neurotomy. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Neurolysis of the Right Femoral Cutaneous Nerve Under Ultrasonic and Fluoroscopy Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.ncbi.nlm.nih.gov/pubmed/19787014> Pain Physician 2009 Sep-Oct ;12(5):881-5

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis Chapter Sacroiliac joint blocks

Decision rationale: The request for radiofrequency is not medically necessary. the Official Disability Guidelines recommend sacroiliac joint blocks when the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings including the cranial shear test, extension test, flamingo test, fortin finger test, Gaenslen's test, Gillet's test, Patrick's test, the pelvic compression test, pelvic distraction test, pelvic rock test, resisted abduction test, sacroiliac shear test, standing flexion test, seated flexion test and/or thigh thrust test. The diagnostic evaluation must first address any other possible pain generators and there should be documentation that the patient has had failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. The submitted documentation failed to submit at least 3 of the above exams. There was also no indication of the injured worker having trialed and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise or medication management. Given the above, the injured worker is not within recommended guidelines. As such, the request is not medically necessary.