

Case Number:	CM14-0040997		
Date Assigned:	06/30/2014	Date of Injury:	08/13/2009
Decision Date:	08/20/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 64-year-old male was reportedly injured on August 13, 2009. The mechanism of injury was noted as trying to get mud off his boot by kicking a large piece of equipment. The most recent progress note, dated March 13, 2014, indicated that there were ongoing complaints of right lateral thigh and right lateral foot pains. Current pain medications include ibuprofen. The physical examination demonstrated decreased sensation to light touch at the lateral aspect of the right foot. There were otherwise normal lower extremity neurological and musculoskeletal examinations. Previous treatment included right ankle surgery on October 21, 2011 for arthroscopic debridement of the right ankle joint, with microfracture at the osteochondral defect of the talus. Diagnostic imaging studies, dated September 2, 2011, showed an osteochondral lesion at the medial aspect of the talar dome with surrounding bone marrow edema. A diagnostic right sided lateral femoral cutaneous nerve block was recommended to rule out meralgia paresthetica. A request was made for an ultrasound guided right lateral femoral cutaneous nerve block and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

US guided right lateral femoral cutaneous nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, Femoral nerve block.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Femoral Nerve Block, updated March 25, 2014.

Decision rationale: It is unclear why in the most recent progress note, dated March 13, 2014, there was suspected meralgia paresthetica for the injured employee, when there were no complaints of numbness and tingling in the anterolateral thigh, nor were there any sensory defects of this region found on physical examination. Additionally, according to the Official Disability Guidelines, a femoral nerve block can provide relief of areas innervated by the femoral nerve for preoperative and postoperative care and rehabilitation. It is not indicated for diagnostic procedures as proposed by this request. Therefore, this request for an ultrasound guided right lateral femoral cutaneous nerve block is not medically necessary.