

Case Number:	CM14-0044269		
Date Assigned:	07/09/2014	Date of Injury:	07/27/2003
Decision Date:	10/15/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/11/2014

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 52-year-old female was reportedly injured on July 27, 2003. The most recent progress note, dated February 14, 2014, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity as well as right knee pain. The physical examination demonstrated lumbar spine paravertebral muscle spasms and tenderness. There was a negative straight leg raise test. The physical examination of the right knee revealed peripatellar tenderness. Diagnostic imaging studies of the lumbar spine revealed a disc protrusion and facet hypertrophy at L4-L5 and L5-S1. Nerve conduction studies revealed an L5 radiculopathy. Previous treatment included a right knee arthroscopy, physical therapy, and oral medications. A request had been made for an ultrasound guided lateral femoral cutaneous nerve block and urine toxicology screen and was not certified in the pre-authorization process on March 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided 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 Anesthesiology: The Journal of the American Society of Anesthesiologists, Inc, November 2010-pp1144-1162, Pain Medicine

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: <http://emedicine.medscape.com/article/1141848-treatment>

Decision rationale: The lateral femoral cutaneous nerve to nerve is infected with the condition of meralgia paresthetica. Patients with this condition present with paresthesias and numbness of the upper lateral thigh. According to the most recent progress note dated February 14, 2014, the injured employee does not complain of symptoms at this level nor are there any findings of this on physical examination. As such, this request for an ultrasound guided lateral femoral cutaneous nerve block is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Drug testing MTUS (Effective July 18, 2009) Page(s): 43 of 127.

Decision rationale: The California MTUS Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.