

Case Number:	CM14-0078265		
Date Assigned:	07/18/2014	Date of Injury:	06/20/2011
Decision Date:	09/19/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/28/2014

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 injured worker is a 47-year-old gentleman who was reportedly injured on June 20, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 13, 2014, indicates that there are ongoing complaints of low back pain radiating to the left side of the groin. Current medications include ibuprofen and tramadol. The physical examination demonstrated a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine showed diffuse spondylosis without any frank disc herniations or stenosis. Previous treatment includes physical therapy. A request was made for a left cluneal nerve injection under fluoroscopy and was not certified in the pre-authorization process on April 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cluneal nerve injection X 1 under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbl.nim.nih.gov/pubmed/11097676>.

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: Journal of medical cases, volume 2, number three, June 2011, pages 101 - 103.

Decision rationale: A study from the Journal of medical cases, dated June 2011, indicates that a superior cluneal nerve entrapment neuropathy can be caused by repetitive contraction of the back musculature as when playing cricket. The attach medical record does not indicate that the injured employee has a history of repetitive back contraction. Considering this, this request for a left cluneal nerve injection under fluoroscopy is not medically necessary.