

Case Number:	CM15-0182387		
Date Assigned:	09/23/2015	Date of Injury:	04/12/2012
Decision Date:	10/30/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 63-year-old male who sustained an industrial injury on 4-12-12. Diagnoses are noted as tendinitis of left gluteal tendon and left meralgia paresthetica. Previous treatment includes aquatic therapy, acupuncture, medication, and home exercise. In an aquatic therapy progress note dated 7-28-15, pain is rated at 2-9 out of 10 on 4-21-15, rated 3-4 with medication and 6-8 out of 10 without medication on 5-15-15, and rated 7 out of 10 on 7-28-15. It is noted he has made very little progress to date in aqua therapy and that there has been some increased strength but recent setback has increased pain and lateral thigh numbness. Instability is noted with walking. Hip pain and weakness persists. In a progress report dated 8-14-15, the physician notes chief complaint of groin and thigh pain. He states that the pain started several years ago, and has noticed that he has some numbness on the left side down to the thigh. Current medications are Levothyroxine, Tramadol, and Ibuprofen. Work status notes he has permanent modified work and activity restrictions. The plan is to repeat the lateral femoral cutaneous nerve block with ultrasound guidance. The requested treatment of a left lateral femoral cutaneous nerve block under ultrasound and a gym membership was denied on 9-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lateral femoral cutaneous nerve block under ultrasound Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, recommend nerve block in patients for pain relief. However progress note dated 4/20/15 states that patient had reported no relief from prior nerve block done on 3/24/15. The lack of any benefit from prior nerve block does not support another one. Left lateral femoral cutaneous nerve block is not medically necessary.

Gym membership per year: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Gym Memberships.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. None of these criteria is met from provided documentation. Gym membership is not medically necessary.