

Case Number:	CM15-0194754		
Date Assigned:	10/08/2015	Date of Injury:	07/07/1998
Decision Date:	11/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/05/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 49 year old female, who sustained an industrial injury on July 7, 1998. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having lumbar spine strain, post laminectomy syndrome with lumbar radiculopathy, sacroiliits, and psychological injury with depression. Treatment to date has included sacroiliac joint injection without much relief, psychological care, psychiatric care, medication, and epidural steroid injection without much relief. On September 22, 2015, the injured worker complained of back pain that is sharp, tingly, and intermittent. The pain is worsened by sitting, standing, walking, and bending. She reported right leg pain that is constant, sharp and burning. The pain is worsened by sitting, standing and bending. A lateral femoral cutaneous nerve block was recommended to determine whether the injured worker's thigh pain is resulting from a compression of the lateral femoral cutaneous nerve. The treatment plan included medication, lateral femoral cutaneous nerve block under fluoroscopy, office visit in one month, continuation of psychiatric care, and continuation of psychological care. On September 30, 2015, Utilization Review denied a request for lateral femoral cutaneous nerve block under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral femoral cutaneous nerve block under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cochrane Database Syst Rev 2012. J Ultrasound Med 2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com
<http://emedicine.medscape.com/article/1141848-treatment>.

Decision rationale: Neither the CA MTUS nor the ODG comment on paresthetica meralgia; however, the cited treatment guidelines do not recommend lateral femoral cutaneous nerve block under fluoroscopy. Basic treatment entails weight loss and wearing loose clothing because most injured workers will have mild symptoms that respond to conservative management. If there is severe pain, a focal nerve block can be done at the inguinal ligament with a combination of lidocaine and corticosteroids, although the relief is temporary for several days to weeks. Ultrasound guidance for the blockade may be beneficial in patients with regional anatomical variations, and neurogenic pain medications typically are not as helpful, but may be beneficial in rare injured workers. According to recent treating physician notes, the injured worker may indeed have paresthetica meralgia requiring treatment, but lateral femoral cutaneous nerve block under fluoroscopy is not medically necessary and appropriate.