

Case Number:	CM15-0202182		
Date Assigned:	10/19/2015	Date of Injury:	09/02/2009
Decision Date:	11/25/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/14/2015

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: North Carolina

Certification(s)/Specialty: 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 52 year old male who sustained an industrial injury 09-02-09. A review of the medical records reveals the injured worker is undergoing treatment for dorsalgia, contracture of muscle, lumbar facet syndrome, myofascial pain, and left lumbar radiculopathy. Medical records (10-01-15) reveal the injured worker complains of back pain radiating from the low back down the left leg. His pain is rated at 8/10 without medications and 1/10 with medications. The physical exam (10-01-15) reveals a tight muscle band is noted on both sides of the thoracic spine. The lumbar spine range of motion is restricted with pain and tenderness and a tight muscle band is noted on both sides of the lumbar spine in the paravertebral muscles. Prior treatment includes a lumbar epidural steroid injection, medications including flexeril, Zanaflex, band gabapentin. The original utilization review (10-13-15) non certified the request for a left lateral femoral cutaneous nerve block.

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: 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 up-to date, lateral femoral cutaneous nerve blocks.

Decision rationale: The California MTUS, ODG and the ACOEM do not directly address the requested service. The up-to date guideline states that left lateral femoral cutaneous nerve blocks are only indicated if there is failure of other conservative treatments for neuropathic pain. Associated with the nerve. This patient doe have evidence on EMG of lower extremity periphery neuropathy but no in the distribution of the lateral femoral cutaneous nerve. Therefore the request is not medically necessary.