

Case Number:	CM15-0210600		
Date Assigned:	10/29/2015	Date of Injury:	12/01/2004
Decision Date:	12/16/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/27/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 50 year old male, who sustained an industrial injury on 12-01-2004. The injured worker was diagnosed as having low back pain that radiates to both and bilateral myalgia paresthetica (which the injured worker has received pain relief from left femoral cutaneous nerve block in the past). On medical records dated 10-05-2015, the subjective complaints were noted as low back pain. Objective findings were noted as tenderness over the right lateral low lumbar paraspinal muscles and tenderness and tightness over the upper trapezius muscles and cervical paraspinal muscles, tenderness over the later joint of the left knee. Strength was noted to be 5 out of 5 in all extremities. Decreased sensation to light touch was noted over the left L4-L5 dermatome distribution. The injured worker was noted to ambulate without assistance. Treatment to date included medication and nerve blocks. The juried worker underwent an electrodiagnostic study on 07-21-2015 revealed a normal study. Current medications were listed as Aspirin, Flexeril, Flector patch, Nexium, Lisinopril and Lyrica. The Utilization Review (UR) was dated 10-15-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for right femoral cutaneous nerve block was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right femoral cutaneous nerve block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Femoral nerve block.

Decision rationale: The MTUS CPMTG is silent on the use of femoral nerve block. Per the ODG guidelines: Recommended. A femoral nerve block can interrupt sensory impulses from the hip joint and provide complete pain relief without affecting the central nervous system, thus making preoperative care easier and postoperative rehabilitation can be started earlier. Femoral nerve block provides adequate pain relief, equivalent to pharmacological treatment in most patients. In one clinical trial, the time for postoperative mobilization was shorter and less temporary confusion was seen. There were no complications, making nerve block a good alternative to traditional pharmacological preoperative treatment for patients with hip fractures. (Kullenberg, 2004) Per the medical records submitted for review, the injured worker has received pain relief from left femoral cutaneous nerve block in the past. The request is indicated for the injured worker's diagnosed bilateral myalgia paresthetica. The request is medically necessary.