

Case Number:	CM15-0214809		
Date Assigned:	11/04/2015	Date of Injury:	08/09/1988
Decision Date:	12/18/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/02/2015

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 64 year old female, who sustained an industrial injury on 8-9-88. The injured worker was being treated for postlaminectomy syndrome of lumbar region, lumbar disc displacement, lumbar stenosis and radiculopathy. On 9-30-15, the injured worker complains of ongoing back and right leg pain; she notes she is very depressed and feels she can't do anything. She also notes her groin feels as though it is on fire most of the time. She is temporarily totally disabled. Physical exam performed on 6-8-15 and 9-30-15 revealed midline incision of back healing well. On 4-6-15 MRI of lumbar spine revealed right L3-L5 paracentral disc herniation effacing the ventral thecal sac (similar to previous exam), no acute abnormality and post-surgical changes in soft tissues. Treatment to date has included lumbar laminectomy, physical therapy (which has been helpful), oral medications including Ibuprofen 800mg, Medrol Dosepak (provided no relief), motorized cold therapy unit, lumbar epidural steroid injections (provided 50% improvement in pain), physical therapy and activity modifications. On 10-1-15 request for authorization was submitted for genitofemoral nerve block and lumbar epidural injection L2- 3. On 10-8-15 request for genitofemoral nerve block and lumbar epidural injection L2-3 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genitofemoral nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Case Reports in Anesthesiology (dx.doi.org/10.1155/2014/371703) Successful Treatment of Genitofemoral Neuralgia Using Ultrasound Guided Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cesmebasi A1, Yadav A, Gielecki J, Tubbs RS, Loukas M; Genitofemoral neuralgia: a review. Clin Anat. 2015 Jan; 28 (1):128-35. DOI: 10.1002/ca.22481. Epub 2014 Nov 5.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. Official Disability Guidelines also has only no information. As per review article, genitofemoral nerve block is an option for patients with a diagnosis of genitofemoral neuralgia although pain relief is transient. Patient does not have a diagnosis of genitofemoral neuralgia or an exam consistent with that diagnosis. This diagnosis appears to be patient's self-diagnosis. Provider's poor documentation fails to provide relevant exam or assessment that supports patient's self-diagnosis. Provider's request for an invasive procedure without an actual diagnosis is inappropriate and dangerous. Therefore, the request is not medically necessary.

L2-L3 lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. Documentation fails multiple criteria. Patient has had 2 prior ESI with "50%" improvement but length of improvement is not documented. Guidelines do not allow for more than 2 ESIs as part of a series, this is the 3rd request. Documentation fails to support request for ESI. Therefore the request is not medically necessary.