

Case Number:	CM15-0221390		
Date Assigned:	11/16/2015	Date of Injury:	08/23/2013
Decision Date:	12/30/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, California
 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:

This is a 61 year old male patient who sustained an industrial injury on 8-23-13. The diagnoses include lumbar strain with disc herniation and facet syndrome. He sustained the injury due to repetitive heavy lifting. Per the doctor's note dated 10/21/15, he had complaints of low back pain with radicular symptoms in to the lower extremities. Per a pain management consultation dated 10-7-15, he complained of ongoing low back and left leg pain. He could stand for ten minutes before needing to sit due to pain. The patient reported that recent epidural steroid injection (July 2015) provided 100% pain relief for one week with ongoing improved pain for five weeks. The patient also reported that one week after the epidural steroid injection he developed intermittent bilateral calf muscle cramps and left thigh numbness. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal musculature adjacent to the inferior lumbar facet joints with reduced lumbar spine range of motion. Facet loading maneuvers produced pain. Neurologic exam revealed "no long tract signs". The patient could heel and toe walk. The medications list includes metformin, atenolol, glipizide, victoza, naprosyn, ibuprofen, neurontin and tramadol. His surgical history includes kidney stone removal; right knee arthroscopic surgery on 4/11/2014. He had lower extremity Doppler ultrasound on 7-15-15, which was negative for deep vein thrombosis; magnetic resonance imaging lumbar spine in 2014, which showed degenerative changes, multilevel stenosis and spondylolisthesis at L5 with facet joint effusion and arthropathy. Previous treatment included physical therapy, lumbar support orthotic, epidural steroid injection and medications. The treatment plan included left lateral cutaneous nerve block with ultrasound guidance for diagnostic and therapeutic purposes and bilateral L4

and L5 medial branch blocks. On 10-26-15, Utilization Review noncertified a request for left lateral femoral cutaneous nerve block with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left femoral cutaneous nerve block with ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hip & Pelvis (updated 09/24/15), Femoral nerve block.

Decision rationale: One (1) left femoral cutaneous nerve block with ultrasound guidance. Per the cited guidelines, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." Per the cited guidelines, femoral nerve block is "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)" The cited guidelines recommended a femoral nerve block for hip fracture. Evidence of hip fracture or other significant hip pathology is not specified in the records provided. The medical necessity of One (1) left femoral cutaneous nerve block with ultrasound guidance is not fully established for this patient. Therefore, the request is not medically necessary.