

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0041650 |                              |            |
| <b>Date Assigned:</b> | 03/11/2015   | <b>Date of Injury:</b>       | 12/26/2010 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/05/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 65 year old male, who sustained a work/industrial injury on 12/26/10. He has reported initial symptoms of neck and back pain. The injured worker was diagnosed as having right lateral cutaneous neuropathy. Treatments to date included medication, surgery (laminectomy at C5-6 and C6-7), and injection- right lateral cutaneous femoral nerve block. Magnetic Resonance Imaging (MRI) was performed on 2/7/11 and 10/21/13. Electromyogram / nerve conduction velocity (EMG/NCV) was performed on 11/2/11 and 2/13/14. X-ray's were performed on 5/17/12 and 10/21/13. Currently, the injured worker complains of right hip pain that radiates into the right groin and down the leg with numbness and tingling. The treating physician's report (PR-2) from 1/19/15 indicated. There was no relief with prior injection. Straight leg raise (SLR) was positive and muscle strength was 5/5. Walking gait was intact. Treatment plan included right lateral femoral nerve root injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Lateral Femoral Nerve Root Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hip & Pelvis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p60.

**Decision rationale:** The claimant sustained a work-related injury in December 2010 and continues to be treated for right hip and thigh pain with a diagnosis of lateral femoral cutaneous neuralgia. Treatments have already included a lateral femoral cutaneous nerve block. The procedure note was reviewed and it confirms that paresthesias were reproduced during the procedure. Guidelines state that local anesthetic injections have been used to diagnose certain pain conditions that may arise out of occupational activities, or due to treatment for work injuries. Local anesthetic injections may be useful when differentiating pain due to compression of a nerve from other causes. In this case, the claimant has already undergone the procedure being requested with a negative result. A repeat lateral femoral cutaneous nerve block is not medically necessary.