

Case Number:	CM14-0163298		
Date Assigned:	10/08/2014	Date of Injury:	10/27/2011
Decision Date:	11/07/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient presents with continued pelvic pain, neck, and low back pain. The listed diagnoses per [REDACTED] are: 1. Probable pudendal neuralgia. 2. Status post C5-C6 instrumented fusion. 3. Depression. 4. Lumbar disk spondylosis. According to progress report 8/21/2014, the patient completed an initial pudendal nerve block under ultrasound. He received "24 to 48 hours of improvement of pelvic and perineal pain." Physical examination revealed bilateral ischial bursa tenderness and mild lumbar spine tenderness. The patient continues to have pain in the pelvic area. Treater states that the patient is suffering from pudendal neuralgia and "in light of severe sitting intolerance, pelvic, penile and perineal pain" he is requesting a repeat bilateral pudendal nerve block under ultrasound guidance. Utilization review denied the request on 09/09/2014. Treatment reports from 05/03/2014 through 08/21/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat bilateral pudendal nerve blocks under ultrasound-guidance: 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, Femoral Nerve Block

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under pain injections

Decision rationale: This patient presents with possible pudendal neuralgia. The treater is requesting a repeat bilateral perineal nerve block under ultrasound guidance. ODG guideline's Pain Chapter under "pain injections in general," requires 50% reduction of pain for a sustained period, and clearly result in reduction of pain medications, improved function and/or return to work. In this case, prior injection only produced pain relief for 24-48 hours. In addition, monthly reports indicate that the patient continues to utilize MS Contin with no documentation of reduced medication intake or improved function to allow for a repeat injection. Recommendation is for denial.