

Case Number:	CM15-0033430		
Date Assigned:	02/26/2015	Date of Injury:	04/11/2013
Decision Date:	04/10/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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 36 year old male sustained an industrial injury on 4/11/13. He subsequently reports ongoing right hip pain. The injured worker underwent surgery of the right hip arthroscopic surgery with hardware on 11/27/13. He had received post op PT visits without improvement. Treatments to date have included physical therapy, injections and prescription pain medications. An MRI of the right hip was performed on 9/30/14 that revealed labral tear and MRI of the low back in 6/2013 that revealed degenerative changes and disc protrusion and EMG of the LE that was normal; normal CT abdomen. The patient sustained the injury cumulative trauma. Per the doctor's note dated 1/27/15 patient had complaints of right hip pain. Physical examination revealed normal examination of extremities, abdomen, cardiac, chest and neck region. The medication list include Norco, Mobic, Vicodin, Fioricet, Ibuprofen, Gabapentin and Advil. The patient has had a sleep study test that revealed obstructive sleep apnea. Patient has received an unspecified number of PT and aquatic therapy visits for this injury. The past medical history included HTN. The patient had received ESI for this injury. The past medical history includes bone cyst or fibrous dysplasia. The patient sustained the injury due to cumulative trauma. Per the doctor's note dated 8/29/14 patient had complaints of low back and right hip pain. Physical examination of the low back revealed antalgic gait, tenderness on palpation, positive SLR, muscle spasm and limited range of motion. Physical examination of the hip revealed well healed incision, no infection, tenderness on palpation over greater trochanter and lateral cutaneous nerve, positive Tinel's sign and limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral Femoral Cutaneous Injection under Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Femoral nerve block Hip & Pelvis (updated 10/09/14).

Decision rationale: Request: Lateral Femoral Cutaneous Injection under Fluoroscopy. As per cited guideline "Femoral nerve block: Femoral nerve block provides adequate pain relief, equivalent to pharmacological treatment in most patients ". Per the doctor's note dated 1/27/15 patient had complaints of right hip pain. Physical examination revealed normal examination of extremities, abdomen, cardiac, chest and neck region. A recent detailed physical examination of the right hip was not specified in the records provided. He had received post op PT visits without improvement. However previous conservative therapy notes were not specified in the records provided. The detailed response to previous conservative therapy was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Lateral Femoral Cutaneous Injection under Fluoroscopy is not fully established in this patient.