MAXIMUS Federal Services

Case Number:	CM15-0084607		
Date Assigned:	05/06/2015	Date of Injury:	06/01/2009
Decision Date:	06/09/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/04/2015

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, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of June 1, 2009. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve a request for a right hip femoral and obturator articular branch block. The claims administrator referenced an April 8, 2015 progress note and an associated April 13, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On April 29, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg and bilateral hip pain. The applicant had received recent L5-S1 epidural steroid injection, it was acknowledged. The applicant was on tramadol and Cialis. Sitting, standing, lifting, twisting, driving, and lying down remained problematic. The applicant was status post a total hip replacement in 2009, it was reported. Hip range of motion was limited secondary to pain and provocative testing. The applicant apparently had positive diskogenic maneuvers about the lumbar spine, it was reported. The attending provider stated that he was appealing a fluoroscopically-guided a right hip femoral and obturator articular branch block to evaluate the source of the applicant's ongoing hip pain complaints. The applicant was not working after having retired, it was reported. On April 8, 2015, the attending provider again stated that a right hip femoral and/or obturator articular branch block could evaluate, treat, and/or determine the source of the applicant's ongoing hip pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip femoral and obturator articulat branch block, fluroscopic guidance & moderate sedation: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 42 ACOEM Occupational Medicine Practice Guidelines, Hip and Groin Disorders, 3rd ed: Local Anesthetic Injections And Epidurals For Hip Pain Diagnosis; Local anesthetic injections are sometimes used for diagnostic confirmation of hip and groin conditions (for therapeutic injections, see Injections). These injections are also sometimes used to differentiate pain from a distant site, such as the knee or spine. Diagnostic injections include intraarticular injections (hip or knee), ilioinguinal, genitofermoral, saphenous, and lumbar epidurals. Local nerve block or sacroiliac joint injection should be used to assist in diagnosis. Immediate and delayed results of injection(s) should be recorded. Recommendation: Local Anesthetic Injections to Diagnose Subacute or Chronic Hip Pain Local anesthetic injections are recommended to assist in the diagnosis of subacute or chronic hip pain. Indications Patients with subacute or chronic hip pain from unclear source. Strength of Evidence Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for a right hip femoral and obturator branch block injection with associated fluoroscopic guidance under moderate sedation was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Hip and Groin Chapter notes on page 42 that local anesthetic injections such as the block in question are recommended to assist in the diagnosis of chronic hip pain of unclear etiology, ACOEM qualifies its recommendation by noting that the immediate and delayed results of said injection(s) should be recorded. Here, however, the attending provider's concomitant request for sedation to accompany the injection, thus, would effectively negate the diagnostic purposes of the block. The moderate sedation would prevent the attending provider and/or applicant from gauging the immediate results of the injection in question. The attending provider's progress note of April 8, 2015 did not evidence or make clear the request for a nerve block to include sedation. There was no mention of the applicant's having issues with anxiety, claustrophobia, etc., which would have compelled the sedation component of the request. Since the sedation component of the request cannot be supported on the grounds that it would effectively negate the diagnostic benefit of the block, the request was not medically necessary.