

<b>Case Number:</b>	CM15-0175575		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	06/01/2009
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old male, who sustained an industrial injury on 6-1-09. Medical record indicated the injured worker is undergoing treatment for right L5 and S1 radiculopathy, right L5-S1 disc extrusion with nerve impingement, right L5-S1 stenosis, chronic left hip pain, left hip internal derangement, left hip degenerative joint disease, chronic right hip pain and status post right total hip replacement. Treatment to date has included oral medications including Tramadol 50mg, Cialis, right total hip replacement, steroid epidural injection (noting 60% improvement of low back pain and right lower extremity pain), physical therapy, home exercise program and activity modifications. On 5-27-15, the injured worker complained of bilateral low back pain with numbness and paresthesia of right lateral leg and bilateral hip pain (left worse than right). On 7-22-15, the injured worker complains of bilateral low back pain with numbness and paresthesia of right lateral bilateral hip pain and increased right hip pain with 50% decrease in range of motion. Work status is noted to be permanent partial disability. Physical exam performed on 7-22-15 revealed tenderness on palpation of lumbar paraspinal muscles and bilateral hip; restricted range of motion of lumbar spine and bilateral hips and positive leg raise on the right. On 8-20-15 a request for authorization was submitted for fluoroscopically guided obturator articular branch block and orthopedic consultation. On 8-27-15, utilization review non-certified a request for fluoroscopically guided obturator articular branch block noting guidelines do not address or support femoral and obturator nerve block in the case of chronic hip pain.

### 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 articular branch block with fluoroscopic guidance and moderate sedation QTY 1: 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 (updated 10/9/14), Femoral nerve block.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Hip/Pelvis, Femoral nerve block.

**Decision rationale:** The patient presents with pain affecting the bilateral hip, and low back accompanied with numbness and paresthesia of right lateral leg. The current request is for Right hip femoral and obturator articular branch block with fluoroscopic guidance and moderate sedation. The treating physician report dated 8/19/15 (7C) states, "We have not received a response from my 7/29/15 RFA request for the fluoroscopically-guided right hip femoral and obturator articular branch block to evaluate and treat the patient/s chronic hip pain that has failed all conservative and surgical treatments. The patient is status post 2009 right hip total hip replacement." The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding femoral nerve blocks: "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." In this case, there is no documentation of a recent hip fracture and the patient's most recent surgery was performed in 2009. Furthermore, the treating physician has stated that the patient has failed all surgical treatments and there is no discussion in the medical reports provided of an upcoming surgical procedure. The current request does not satisfy the ODG guidelines as femoral nerve blocks are only indicated for preoperative or postoperative treatment of hip fractures. The current request is not medically necessary.