

<b>Case Number:</b>	CM15-0045815		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	10/02/2014
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 an industrial fall injury to his right ankle, lower leg, right hip, left elbow, face and neck on October 2, 2014. Initial X-Rays of the left hip and right ankle on October 3, 2014 were negative for acute fracture. Conservative care and topical analgesics were prescribed. The injured worker was diagnosed with contusions of the forearm and hip, sprain of right ankle, cervical and lumbar strains. According to the primary treating physician's progress, report on February 6, 2015 the injured worker had a coronary artery bypass graft performed on November 13, 2014 and currently in cardiac rehab. The injured worker is experiencing right ankle pain. Examination of the right ankle demonstrated loss of function of the vastus medialis, disturbed balance with inability to balance on one foot. On February 11, 2015, a pain management consultation report documented the right ankle and left hip with restricted range of motion due to pain in all planes. The hip provocative maneuvers were positive. Current medications are listed as Norco, Gabapentin, Skelaxin and topical analgesics. A request for left hip femoral and obturator articular branch nerve block for chronic hip pain and physical therapy for the right lower extremity (6 sessions) for gait and balance were submitted for authorization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Articular Branch Nerve Block (Left Hip Femoral and Obturator) QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nerve block of articular branches of the obturator and femoral nerves for the treatment of hip joint pain. J Back Musculoskelet Rehabil. 2013; 26(1):79-83.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article: Yavuz F, et al, Nerve block of articular branches of the obturator and femoral nerves for the treatment of hip joint pain.

**Decision rationale:** Nerve blocks of articular branches of obturator and femoral nerves are effective in the short-term and mid-term for reducing chronic hip joint pain. In this case, the patient has bilateral LBP with radiation to bilateral thighs, and left hip pain (with normal x-ray). There is no documentation that addresses the history of left hip pain, orthopedic evaluations, or any advanced testing. There is no documented left hip pain diagnosis. Medical necessity for the requested nerve block of articular branches of the obturator and femoral nerves for the treatment of the left hip joint pain has not been established. The requested nerve blocks are not medically necessary.

**Fluoroscopic Guidance QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nerve block of articular branches of the obturator and femoral nerves for the treatment of hip joint pain. J Back Musculoskelet Rehabil. 2013; 26(1):79-83.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Procedure not medically necessary.

**Decision rationale:** The nerve block of the articular branches of the obturator and femoral nerves for the treatment of the left hip joint pain was not found to be medically necessary. Therefore, the medical necessity for fluoroscopy has not been established. The requested fluoroscopy is not medically necessary.

**Moderate Sedation Services QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nerve block of articular branches of the obturator and femoral nerves for the treatment of hip joint pain. J Back Musculoskelet Rehabil. 2013; 26(1):79-83.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Procedure not medically necessary.

**Decision rationale:** The nerve block of the articular branches of the obturator and femoral nerves for the treatment of the left hip joint pain was not found to be medically necessary. Therefore, the medical necessity for moderate sedation has not been established. The requested moderate sedation is not medically necessary.

**Physical Therapy QTY: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PT Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar strain.

**Decision rationale:** According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Recommendations state that for most patients with more severe and sub-acute low back pain conditions, 8 to 12 visits over a period of 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assisting devices. In this case, there is no documentation indicating that the patient had a defined functional improvement or any ongoing benefits. There is no specific indication for the requested (6) additional PT sessions. Medical necessity for the requested PT has not been established. The requested PT is not medically necessary.