

Case Number:	CM13-0009046		
Date Assigned:	09/16/2013	Date of Injury:	06/15/2011
Decision Date:	03/07/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 physician 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 is a 56 year old male with date of injury 06/15/11. The listed diagnoses per [REDACTED] dated 08/13/13 are: 1. Low back pain 2. Upper back pain 3. Neck pain According to progress report dated 06/17/13 by [REDACTED], the patient presents with low back pain, upper back pain and neck pain. Patient states "Both hips are very painful." He is being evaluated for possible gall stones and elevated liver enzymes. Objective findings show pain level at 7/10 on the VAS scale. Pain elicited over the bilateral lumbar paraspinal muscles, left facet joint, left gluteal region, and left greater trochanter. Lumbar range of motion is Flexion 30°, Extension 5°, Left Lateral Rotation 15°, Right Lateral Rotation 15°. Positive bilateral Straight Leg Raise. Coordination is grossly intact. Strength for bilateral deltoid, bilateral biceps and bilateral grips are 5/5. The treater is requesting Right hip steroidal injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hip Steroid Injection- Intra-articular: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), guidelines on Hip injection.

Decision rationale: This patient presents with chronic low back, upper back and neck pain. The treater is requesting a right hip intra-articular injection. MTUS and ACOEM guidelines do not discuss intra-articular injection. However, ODG recommends hip joint injections for moderately advanced or severe hip osteoarthritis. In this patient, there are no x-rays of the RIGHT hip joint and no examination findings from 3/21/13 to 9/18/13 reports. Given the lack of diagnosis of moderate to severe OA of the hip joint, recommendation is for denial.