

Case Number:	CM13-0019565		
Date Assigned:	10/11/2013	Date of Injury:	08/06/2012
Decision Date:	01/10/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of August 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; 12 sessions of physical therapy over the life of the claim; right hip MRI of April 13, 2013, notable for superior labral tear; attorney representation; and adjuvant medications. In a utilization review report of August 26, 2013, the claims administrator denied a request for an intraarticular hip corticosteroid injection under fluoroscopy. The applicant's attorney later appealed, on August 30, 2013. A later note of September 23, 2013 is notable for comments that the applicant reports persistent low back pain and right hip pain. The applicant is given diagnosis of lumbar radiculopathy, anxiety, chronic pain syndrome, bilateral hip pain, right hip trochanteric bursitis. Numerous medications were refilled including Percocet, Neurontin, Butrans, and Protonix. An earlier note of September 9, 2013, is notable for comments that the applicant reports persistent low back and hip complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Diagnostic right hip Intra-articular injection under fluroscopy, right hip: 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)- Treatment for Workers Compensation, Online Edition, Hip and Pelvis Chapter..

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Hip and Groin, General Principles of Treatment , Allied Health Professionals, Injections..

Decision rationale: The MTUS does not address the topic. While the Third Edition ACOEM Guidelines do moderately recommend intra-articular glucocorticoid steroid injections for hip osteoarthritis that is unsatisfactorily controlled with NSAIDs, acetaminophen, and weight loss. In this case, however, the employee does not carry a diagnosis of hip arthritis for which intra-articular hip corticosteroid injections would have been indicated. Rather, all information on file points to a diagnosis of trochanteric bursitis/hip labral tear. The ACOEM 3rd Edition guidelines, recommend local glucocorticoid steroid injections for labral tears and trochanteric injections for chronic trochanteric bursitis. In this case, the employee has been given a clinical diagnosis of trochanteric bursitis and MRI/radiographic diagnosis of labral tear. While local steroid injections could have been supported for these diagnoses, the intra-articular steroid injections under fluoroscopy being proposed here cannot. The request for 1 diagnostic right hip intraarticular injection under fluroscopy is not medically necessary and appropriate.