

<b>Case Number:</b>	CM13-0029721		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/17/2009
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/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 injured worker is a 61-year-old female with a reported injury on 09/22/1998. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/18/2013 reported that the injured worker complained of pain to her neck. The physical examination of the cervical spine revealed paraspinal tenderness to palpation, with spasms to trapezial areas bilaterally. The cervical spine range of motion demonstrated forward flexion to 40 degrees, extension to 40 degrees, rotation to the right and left to 60 degrees, and lateral bending to the right and left to 20 degrees. The injured worker's diagnoses included disc bulge, cervical spine with associated headaches. The injured worker's prescribed medication regimen was not provided within the clinical documentation. The provider requested injection to the left hip under ultrasound guidance, the rationale was not provided within the clinical documentations provided. The request for authorization form was submitted on 01/28/2014. The injured worker's prior treatments include previous epidural steroid injections to the cervical spine area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left hip injection under ultrasound guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis Chapter.

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

**Decision rationale:** The injured worker complained of neck pain. The treating physician's rationale for injection to the left hip was not provided within the clinical documentation provided. The Official Disability Guidelines recommend viscosupplementation as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total hip replacement, but in recent quality studies the magnitude of improvement appears modest at best, and not long lasting. There is a lack of clinical information provided indicating the injured worker had difficulty or pain associated to the left hip. There is a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or oral medication therapy. Furthermore, the requesting provider did not specify the type of injection to the left hip which is being requested. Given the information provided, there is insufficient evidence to determine appropriateness of left hip injection under ultrasound guidance to warrant medical necessity.