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| Case Number: | CM14-0005402 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 06/12/2013 |
| Decision Date: | 06/11/2014 | UR Denial Date: | 12/23/2013 |
| Priority: | Standard | Application Received: | 01/13/2014 |

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 and Rehabilitation and Pain Management, 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 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 patient is a 59-year-old female with a date of injury of 06/12/2013. The listed diagnoses per [REDACTED] are: 1. Trochanteric Bursitis 2. Sprain of the hip and thigh. Doctor's first report from 06/24/2013 by [REDACTED] reports pain injured the groin area and is experiencing "aching nerve pain." The patient was prescribed Ibuprofen and 2 physical therapy sessions. According to report dated 12/13/2013 by [REDACTED], the patient presents with right side groin pain. She has been having a hard time picking up anything. The patient states it feels like aching nerve pain and is constant but does not radiate to any body parts. Examination revealed there is tenderness at the trochanteric bursa, and there is pain with range of motion testing. The patient has participated in 2 physical therapy sessions. The treating physician states treatment of plan is for a "psoas bursa injection under ultrasound." Request for Authorization dated 12/16/2013 requests US injection, MRI of pelvis and physical therapy. Utilization review from 12/23/2013 reviewed the request as 1) right intra-articular hip injection, 2) Methylprednisolone sodium Succinate injection, 3) lidocaine injection, 4) marcaine injection, 5) Ultrasound needle guidance, 6) MRI of the pelvis and 7) Physical therapy Qty 18.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE RIGHT INTRA-ARTICULAR HIP INJECTIONS; DOS 12/13/13
QTY: 1: Overturned**

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 12/09/13), Intra-Articular Steroid Hip Injection (IASHI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: 12/13/2013, requests a psoas bursa injection under ultrasound guidance. Request for Authorization 12/16/2013 also requests physical therapy and an MRI of the pelvis. In regards to the hip injection request, the MTUS and American College of Occupational and Environmental Medicine (ACOEM) guidelines do not discuss psoas bursa hip injections. However (ODG) Official Disability Guidelines guidelines under Hip (Intra-articular steroid hip injection) states, "Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. (Brinks, 2011)" In this case, the medical records show this patient has been complaining of right groin and hip pain since June 2013. This patient has a hip sprain and diagnosis of trochanteric bursitis. ODG recommends this type of injection for short term pain relief. Given there are no indication patient has had a hip injection in the past, a trial injection may be warranted. The request is medically necessary and appropriate.

INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG DOS: 12/13/13, QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Trochanteric Bursitis Injections.

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

Decision rationale: This patient presents with right side groin pain. The treating physician, per progress report 12/13/2013, requests a psoas bursa injection under ultrasound guidance. Request for Authorization 12/16/2013 also requests physical therapy and an MRI of the pelvis. In regards to the hip injection request, the MTUS and ACOEM guidelines do not discuss psoas bursa hip injections. However ODG guidelines under Hip (Intra-articular steroid hip injection) states, "Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. (Brinks, 2011)" In this case, the medical records show this patient has been complaining of right groin and hip pain since June 2013. This patient has a hip sprain and diagnosis of trochanteric bursitis. ODG recommends this type of injection for short term pain relief. Given there are no indication patient has had a hip injection in the past, a trial injection may be warranted. The request is medically necessary and appropriate.

LIDOCAINE INJECTION, DOS: 12/13/13, QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Trochanteric Bursitis Injections.

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

Decision rationale: This patient presents with right side groin pain. The treating physician, per progress report 12/13/2013, requests a psoas bursa injection under ultrasound guidance. Request for Authorization 12/16/2013 also requests physical therapy and an MRI of the pelvis. In regards to the hip injection request, the MTUS and ACOEM guidelines do not discuss psoas bursa hip injections. However ODG guidelines under Hip (Intra-articular steroid hip injection) states, "Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. (Brinks, 2011)" In this case, the medical records show this patient has been complaining of right groin and hip pain since June 2013. This patient has a hip sprain and diagnosis of trochanteric bursitis. ODG recommends this type of injection for short term pain relief. Given there are no indication patient has had a hip injection in the past, a trial injection may be warranted. The request is medically necessary and appropriate.

MARCAINE INJECTION, DOS: 12/13/13, QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Trochanteric Bursitis Injections.

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

Decision rationale: 12/13/2013, requests a psoas bursa injection under ultrasound guidance. Request for Authorization 12/16/2013 also requests physical therapy and an MRI of the pelvis. In regards to the hip injection request, the MTUS and ACOEM guidelines do not discuss psoas bursa hip injections. However ODG guidelines under Hip (Intra-articular steroid hip injection) states, "Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. (Brinks, 2011)" In this case, the medical records show this patient has been complaining of right groin and hip pain since June 2013. This patient has a hip sprain and diagnosis of trochanteric bursitis. ODG recommends this type of injection for short term pain relief. Given there are no indication patient has had a hip injection in the past, a trial injection may be warranted. The request is medically necessary and appropriate.

ULTRASOUND NEEDLE GUIDANCE, DOS: 12/13/13, QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Journal of Rheumatology VOL. 29 NO. 10 2209-2213.

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

Decision rationale: This patient presents with right side groin pain. The treating physician, per progress report 12/13/2013, requests a psoas bursa injection under ultrasound guidance. Request for Authorization 12/16/2013 also requests physical therapy and an MRI of the pelvis. In regards to the hip injection request, the MTUS and ACOEM guidelines do not discuss psoas bursa hip injections. However ODG guidelines under Hip (Intra-articular steroid hip injection) states, "Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. (Brinks, 2011)" In this case, the medical records show this patient has been complaining of right groin and hip pain for some time now. This patient has a hip sprain and diagnosis of trochanteric bursitis. ODG recommends this type of injection to be administered in conjunction with fluoroscopic guidance. Given there are no indication this patient has had a hip injection in the past, a trial injection with ultrasound guidance may be warranted. The request is medically necessary and appropriate.

MRI OF THE PELVIS, QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

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

Decision rationale: This patient presents with right side groin pain. The treating physician, per progress report 12/13/2013, requests a psoas bursa injection under ultrasound guidance. Request for Authorization 12/16/2013 also requests physical therapy and an MRI of the pelvis. Regarding the MRI of the pelvis request, the ACOEM and MTUS guidelines do not address MRI for the hip/pelvic but ODG guidelines support MRI's for soft tissue issues, osteonecrosis, occult and stress fractures, r/o tumors or infection, etc. In this case, the patient has been complaining of groin and hip pain since June 2013. Review of the medical files indicates the patient has not had any prior MRIs. Given the continued complaints of pain, an MRI of the pelvis for further investigation may be warranted. The request is medically necessary and appropriate.

PHYSICAL THERAPY, QTY: 18: 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 Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with right side groin pain. The treating physician, per progress report 12/13/2013, requests a psoas bursa injection under ultrasound guidance. Request for Authorization 12/16/2013 also requests physical therapy and an MRI of the pelvis. The medical file provided for review indicates the patient has received 2 physical therapy sessions. The outcomes of these 2 physical therapy sessions were not discussed. For physical medicine, the MTUS guidelines recommends 9-10 sessions over 8 weeks for myalgia and myositis type symptoms. In this case, additional 7-8 sessions may be warranted given the patient's continued complaints, but the treating physician is requesting 18 sessions which exceeds what is recommended by MTUS. The request is not medically necessary and appropriate.