

<b>Case Number:</b>	CM14-0006295		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/08/1998
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 63 year old female with an injury reported on 02/08/1998. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/23/2013, reported that the injured worker complained of neck and back pain. The physical examination findings reported straight leg raise test was positive bilaterally. It was reported that that the injured worker's range of motion to her cervical, lumbar and thoracic spine was described as moderate related to pain. It was reported that the injured worker received a cortisone injection to her left hip on 12/20/2013. The injured worker's diagnoses included neurotic depressoin, carpal tunnel syndrome, ankle pain pain in joints, lubosacral pain, low back pain, mid back pain, and cervical pain. The request for authorization was submitted on 01/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT GREATER TROCHANTER (GT) STEROID INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Intra-articular steroid hip injection (IASHI).

**Decision rationale:** The injured worker complained of neck and back pain. It was noted that the injured worker received a cortisone shot to her left hip on 12/20/2013. According to the Official Disability Guidelines corticosteroid injections are not recommended in early hip osteoarthritis (OA). Corticosteroid injections are effective for greater trochanteric pain syndrome (GTPS) managed in primary care, according to a recent RCT. GTPS, also known as trochanteric bursitis, is a common cause of hip pain. However, the hip joint is one of the most difficult joints in the body to inject accurately, and entry of the therapeutic agent into the synovial space cannot be ensured without fluoroscopic guidance. It was noted in the clinical information provided that the injured worker received a cortisone injection to her left hip on 12/20/2013. There is a lack of clinical information provided indicating the efficacy of the cortisone injection in regards to her hip pain. In addition, it was unclear if the injured worker gained any additional function with the use of the previous cortisone injection. Moreover, the guidelines suggest injections into the hip joint require fluoroscopic guidance, the method of injection was not included in the request. Furthermore, the guidelines do not recommend corticosteroid injections. Therefore, the request is not medically necessary.