

<b>Case Number:</b>	CM14-0011503		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 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 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 applicant has filed a claim for chronic hip and low back pain reportedly associated with an industrial injury of October 1, 2007. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; electrodiagnostic testing of the lumbar spine and bilateral lower extremities of September 5, 2013, interpreted as notable for right L5 radiculopathy; MRI (magnetic resonance imaging) of the right hip of September 5, 2013, notable for moderate arthritis about the hip with associated effusion; MRI imaging of lumbar spine of September 5, 2013, notable for evidence of an earlier lumbar laminectomy/laminotomy surgery; earlier lumbar spine surgery on May 12, 2012; epidural steroid injection therapy; and the apparent imposition of permanent work restriction. It does not appear that the applicant is working with permanent limitations in place. In a Utilization Review Report dated January 21, 2014, the claims administrator denied a request for right hip viscosupplementation injection, citing non-MTUS Official Disability Guidelines (ODG). Despite the fact that the applicant was several years removed from the date of injury and had lengthy history of treatment, the claims administrator stated that the clinical notes provided did not document a failure of NSAIDs, physical therapy, and/or steroid injection therapy. The applicant's attorney subsequently appealed. A January 15, 2014 progress note was notable for comments that the applicant reported persistent low back, right hip, and right foot pain. The applicant has apparently ceased working. The applicant has a lengthy history of chiropractic manipulative therapy and acupuncture as well as a history of multiple previous Workers' Compensation claims. The applicant's medication list included Naprosyn, Norco, and Prilosec, it was stated. Surgical scars were appreciated about the lumbar spine with limited hip range of motion and a slightly antalgic gait. 4+/5 right lower extremity strength was noted. The applicant was asked to obtain right hip viscosupplementation injection for hip arthritis and consider lumbar

epidural steroid injection therapy. It was stated that a spinal cord stimulator could also be considered at a later point. Norco, Naprosyn, and Prilosec were sought.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RIGHT HIP VISCOSUPPLEMENTATION INJECTION: 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), Hip and Pelvis, Viscosupplementation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Groin Chapter (ACOEM Practice Guidelines, 3rd Edition), pgs. 738, 742-745, Injections section.

**Decision rationale:** The MTUS does not address the topic. While the Third Edition ACOEM Guidelines state that intra-articular hip viscosupplementation injections are recommended for treatment of hip arthritis, the ACOEM does suggest that applicants should generally have failed treatment with glucocorticosteroid injection therapy which has been shown to be superior in one study. In this case, the file was surveyed on several occasions. There was no mention of the applicant having failed earlier hip corticosteroid injection therapy. Therefore, the request is not medically necessary.