

Case Number:	CM14-0150992		
Date Assigned:	10/28/2014	Date of Injury:	07/18/2006
Decision Date:	12/18/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/16/2014

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 Orthopedic Surgery 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:

49 year old male claimant with an industrial injury dated 07/18/06. Exam note 08/01/14 states the patient returns with left hip pain. The patient reveals moderate to severe tenderness on palpation of the left hip and sacroiliac joint. The patient demonstrates an antalgic gait with noted 5/5 bilateral lower extremity muscle strength testing. The patient completed a negative straight leg raise test, and a positive Faber's test, Stork test on the left and sacroiliac compression test. The patient explains that the increase in left hip pain is resulting in low back pain. Treatment includes ice, medication, exercise, a diagnostic ultrasound, and possible injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Ultrasound left SI Joint and trochanteric bursa with possible injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint blocks, Trochanteric injection

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if

4-6 weeks of aggressive conservative therapy has been failed. In addition there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case there is no evidence of aggressive conservative therapy being performed prior to the request for the sacroiliac joint injection on 8/1/14. CA MTUS/ACOEM is silent on the issue of trochanteric injection. According to ODG Hip and Pelvis, "For trochanteric pain, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief (level of evidence, C). Trochanteric bursitis is the second leading cause of hip pain in adults, and a steroid-anesthetic single injection can provide rapid and prolonged relief, with a 2.7-fold increase in the number of patients who were pain-free at 5 years after a single injection." In this case while there is evidence of trochanteric pain, there is no indication for fluoroscopic guidance to perform the procedure. Ultrasound, ODG, Hip and Pelvis, states that it is indicated to control inflammation and pain. In this case as the specific injections are not medically indicated, there is no indication for diagnostic ultrasound. Therefore the entirety of the request is not medically necessary.