

Case Number:	CM14-0162782		
Date Assigned:	10/07/2014	Date of Injury:	05/08/2008
Decision Date:	12/03/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/03/2014

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 Texas and 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 patient is a year 64 old female who was injured on 8/5/2008. The diagnoses are left hip pain, sacroilitis, lumbar radiculopathy and low back pain. The MRI is significant for bilateral sacroiliac joint osteoarthritis. The MRI of the lumbar spine showed multilevel disc bulges and facet arthrosis. The EMG/NCV is significant for bilateral peripheral polyneuropathy. There is a past history of left ilium bone mass resection in 2011. There is associated diagnosis of mood disorder. The patient completed PT, psychological therapy and functional restoration programs. On 8/15/2014, ██████████ noted subjective complaint of pain score of 5/10 with medication on a scale of 0 to 10. The MRI of the left Hip was completed but the report was not yet available. There were objective findings of positive provocative tests for SI joints. The patient reported that she takes her medications sparingly. The Tylenol with codeine was effective in reducing the pain enabling her to increase ADL and walk longer distances. The patient noted that a prior greater trochanter steroid injection was not effective in reducing the pain but did elevate her blood sugar significantly. The medications are Lyrica and Tylenol with codeine for pain. A Utilization Review determination was rendered on 9/29/2014 recommending non certification for left hip cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hip Cortisone 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-TREATMENT FOR WORKERS' COMPENSATION; HIP & PELVIS PROCEDURE SUMMARY

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

Decision rationale: The CA MTUS did not address the use of steroid injection for the treatment of hip pain. The ODG guidelines recommend that steroid injections of the joints can be utilized for the treatment of musculoskeletal pain when conservative treatments with medication and PT have failed. The records indicate that the patient reported significant pain relief with the use of minimal doses of medications. The patient indicated that a prior greater trochanter steroid injection did not result in pain relief but did cause significant elevation of the blood sugar. The objective and radiological findings is consistent with sacroiliac and lumbar spine pathology as the cause of significant component of the pain not the hip. The MRI report on the left hip is not yet available. The criterion for left hip cortisone injection was not met and is therefore not medically necessary.