

Case Number:	CM14-0030990		
Date Assigned:	06/20/2014	Date of Injury:	11/03/2006
Decision Date:	08/07/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/12/2014

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:

47 year old male claimant with industrial injury dated 11/03/06. Prior surgery record includes right hip arthroscopic extensive debridement of labral on 12/10/08, 07/10/09 lumbar medial branch radiofrequency neurotomy at L2, L3, L4, L5-S1 branch on right ad radiofrequency ablation L2-L5 in 2010, 2011 and 2012. Exam note 08/02/13 patient still reports constant right hip pain. Current medications include Norco, Flexeril, and Naproxen all in which help the pain and muscle spasms. Exam note 03/03/14 is a request for a repeat hip injection due to the significant pain relief that the prior injection of 01/24/13 provided. Exam note from 3/3/14 demonstrates worsening pain in the right hip. Exam demonstrates tenderness in the paraspinal muscles and pain along the trochanteric area on the right with weakness in hip abduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip 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), 12th Edition, Hip and Pelvis chapter, 2014, 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) Hip and Pelvis, Trochanteric injection.

Decision rationale: CA MTUS/ACOEM is silent on the issue of trochanteric injection. According to ODG Hip & 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. Therefore the entirety of the request is not medically necessary.

Fluoroscopic guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative Clearance history and physical (H&P): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mitchell S. King, MD. "Preoperative evaluation" Northwestern University Medical School, Chicago, Illinois, Am Fam Physician, 2000 Jul 15; 62(2): 387-396.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative complete blood count (CBC): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative comprehensive metabolic panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative Electrocardiogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative chest x-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested hip injection procedure is not medically necessary, the determination is for non-certification for preoperative chest xray.