

Case Number:	CM14-0032618		
Date Assigned:	06/20/2014	Date of Injury:	01/29/2011
Decision Date:	08/29/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/14/2014

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:

This is a 51-year-old female who injured the low back and hips in a work related accident on 01/29/11. Records provided for review include lower extremity electrodiagnostic studies of 10/05/12 that showed chronic right sided L4 through S1 radiculopathy. The report of a lumbar MRI from 05/19/13 identified at the L5-S1 level a 1 millimeter disc bulge with no evidence of canal or nerve root compromise. Follow up electrodiagnostic studies of 05/23/13 once again showed evidence of left side L5 and S1 radiculopathy. The report of an MRI of the hip and pelvis from 05/19/13 was unremarkable. There was also the report of a 05/17/13 MRI of the left hip showing chondral wear to the lateral aspect of the acetabular root. The medical records did not document recent conservative care. A office note dated 02/12/14 for re-evaluation showed an examination of pain in the left groin with passive motion, tenderness over the trochanteric bursa and stiffness with flexion. Plain film radiographs were documented to show "satisfactory joint space" to the hip at that time. There were no further physical examination findings. Recommendations were for left total hip arthroplasty and an epidural steroid injection at the L4 through S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injections L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ; Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the request for L4 through S1 epidural steroid injections would not be supported. The medical records do not contain any evidence of radicular findings on examination and the MRI scan shows no evidence of compressive pathology. The Chronic Pain Guidelines require radicular pain. Without clinical correlation between claimant's imaging and examination findings, the need for epidural procedure would not be supported.

Left hip arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip and Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp , 18th Edition, 2013 Updates: hip procedure - Arthroplasty.

Decision rationale: California MTUS and ACOEM Guidelines do not address hip arthroplasty. Based on the Official Disability Guidelines, the request for left total hip arthroplasty would not be indicated. The documentation appears to indicate that the claimant has well preserved joint space on recent imaging assessment. While there is evidence of underlying degenerative change noted on MRI, there is no documentation of conservative treatment offered to the claimant. Without documentation of conservative care or significant joint space narrowing on recent imaging, the acute need of hip arthroplasty in absence of recent conservative measures would not be supported.