

<b>Case Number:</b>	CM14-0063927		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 36-year-old female with a reported date of injury on 01/06/2012. The mechanism of injury was noted to be repetitive trauma. Her diagnoses were noted to include lumbago, displacement of lumbar intervertebral disc without myelopathy, and pelvic region joint pain. Her previous treatments were noted to include chiropractic care, physical therapy, medications, and a Functional Restoration Program. The progress note dated 01/09/2014 revealed the injured worker complained of aching in the left hip socket which was constant and the right hip socket was present most of the time. The character of the pain was a stabbing ache or a bone on bone feeling and the hip girdle symptoms were aggravated by walking, sitting, or leg movements. The injured worker indicated she had not found any consistent alleviating factors for hip girdle pain. The injured worker rated her pain as 5/10. The physical examination of the hips noted the range of motion to be right/left for flexion 130/115 degrees and the external and internal rotation of both hips was within functional limits. The motor examination of the legs did not reveal focal weakness and the lower limb motor groups were tested including the hip girdles, knee groups, and foot and ankle groups. The stretch reflexes at the knees and ankles were normal and symmetric. The sensory examination revealed equivocal blunting to pin sensation in a left L1-3 distribution and a positive straight leg raise was noted. An unofficial MRI report of the left hip dated 05/18/2013 revealed labral tears at the chondral labral junction of the anterior labrum and superior labrum. The progress note dated 03/24/2014 revealed the injured worker complained of left hip pain depending on the type and level of activity. The physical examination revealed a mild distress level and the neurological examination revealed recent memory intact and remote memory intact. The request for authorization form was not submitted within the medical records. The request was for a left intra-articular steroid injection under fluoroscopy with conscious sedation for hip pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left hip intra-articular steroid injection under fluoroscopy with conscious sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,309.

**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, Intra-articular steroid hip injection.

**Decision rationale:** The request for a left hip intra-articular steroid injection under fluoroscopy with conscious sedation is not medically necessary. The injured worker complains of left hip pain that an MRI revealed had labral tears at the chondral labral junction of the anterior labrum and superior labrum. The Official Disability Guidelines state intra-articular steroid hip injections are not recommended in early hip osteoarthritis. They are under study for moderately advanced or severe hip osteoarthritis, but if used, should be in conjunction with fluoroscopic guidance. Steroid hip injections are recommended as an option for short-term pain relief and hip trochanteric bursitis. Intra-articular glucocorticoid injection with or without elimination of weight bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. Corticosteroid injections are effective for greater trochanteric pain syndrome managed in primary care according to a recent randomized controlled trial. Greater trochanteric pain syndrome (GTPS), also known as trochanteric bursitis, is a common cause of hip pain. In this first randomized control trial, assessing the effectiveness of corticosteroid injections versus usual care in GTPS, a clinically relevant effect was shown at a 3-month follow up visit for recovery and for pain at rest with activity, but at a 12-month follow up visit, the differences in outcome were no longer present. The injured worker was diagnosed with labral tears to the left hip and does not have a diagnosis consistent with osteoarthritis or trochanteric bursitis. Therefore, the guidelines do not recommend intra-articular steroid hip injections in early hip osteoarthritis and a steroid hip injection is not warranted at this time. Therefore, the request is not medically necessary.