

Case Number:	CM14-0064628		
Date Assigned:	07/11/2014	Date of Injury:	10/13/1999
Decision Date:	09/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/07/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 70-year-old male with a 10/13/99 date of injury. At the time (4/22/14) of the request for authorization for ultrasound guided cortisone steroid injection to the right hip, there is documentation of subjective (pain in the right hip and muscular pain of the paraspinal musculature in the lumbar area) and objective (antalgic gait) findings. The current diagnoses are lumbar radiculopathy, sacroiliac pain, pain pelvis or hip, lumbar spondylosis, myofascial pain syndrome, and lumbar degenerative disc disease. The treatment to date includes medication. There is no documentation of moderately advanced or severe hip osteoarthritis or as short term pain relief in hip trochanteric bursitis; and that injection will be used in conjunction with fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided cortisone steroid injection to the right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; 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) Hip & Pelvis, Intra-articular steroid hip injection (IASHI).

Decision rationale: MTUS does not address the issue. The Official Disability Guidelines identifies documentation of moderately advanced or severe hip osteoarthritis or as short term pain relief in hip trochanteric bursitis, as criteria necessary to support the medical necessity of intra-articular steroid hip injection. In addition, the Official Disability Guidelines identifies that injection should be used in conjunction with fluoroscopic guidance. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, sacroiliac pain, pain pelvis or hip, lumbar spondylosis, myofascial pain syndrome, and lumbar degenerative disc disease. However, there is no documentation of moderately advanced or severe hip osteoarthritis or as short term pain relief in hip trochanteric bursitis. In addition, there is no documentation that injection will be used in conjunction with fluoroscopic guidance. Therefore, based on guidelines and a review of the evidence, the request for ultrasound guided cortisone steroid injection to the right hip is not medically necessary.