

Case Number:	CM14-0079060		
Date Assigned:	08/01/2014	Date of Injury:	03/25/2008
Decision Date:	09/18/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/29/2014

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 49-year-old non-working female who sustained work-related injuries on March 25, 2008 due to a slip and fall accident while doing her usual and customary duties. Previous treatments include conservative treatments (e.g., oral and topical medications, physical therapy, and chiropractic manipulations), psychiatric and psychology treatments, ultrasound-guided hip injections which did not provide much pain relief, right hip failed arthroscopy with debridement and attempted labral repair, and status post heterotrophic ossification (myositis ossificans) surgery. Records dated July 17, 2013 indicate that a computed tomography (CT)-directed injection of the right hip may be therapeutic in eliminating pain if it was calcific tendinitis or provide at least diagnostic clarification if the heterotopic bone was causing her pain. Per records dated April 9, 2014, she underwent diagnostic injections around her in the sacroiliac joint and greater trochanteric area to compliment her previous injections in the intra-articular space, which had not been helpful. She was still experiencing pain in the anterior aspect of the hip radiating down the leg. Most recent medical records dated May 6, 2014 notes that her most recent urine drug screening test dated March 3, 2014 was consistent with prescribed analgesics without any evidence of illicit drug use. She continued to experience pain in the right hip and right leg which she described as shooting pain. However with medications: Opana ER, Norco, and Neurontin brought her pain from 10/10 down to 5/10 which helped her to think and function well. She also has an Orthostim Unit which helped reduce her flare-ups in the right hip. On examination, she was noted with an antalgic gait, ambulates with a single-point-cane, and appeared to be in mild discomfort. She has difficulty transitioning from a deep seated position. Moderate tenderness was noted over the lumbar paraspinals, right side greater than left. Her right hip range of motion was limited. Her left knee range of motion was limited at end range. There was mild tenderness was noted at the distal fourth and fifth metatarsal of the left foot. She is

diagnosed with (a) chronic right hip pain, status post arthroscopic surgery for labral tear; (b) depression and anxiety related to chronic pain; (c) right lateral femoral cutaneous neuropathy; and (d) possible underlying lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid/Anesthetic injection: Alis Injection, Fluoro, or CT guided: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Injections Official Disability Guidelines (ODG) Hip & Pelvis, Intraarticular Steroid Hip Injection (IASHI) Official Disability Guidelines (ODG) Hip & Pelvis, Sacroiliac Joint Blocks.

Decision rationale: Since, the California Medical Treatment Utilization Schedule (MTUS)/American College of Occupational and Environmental Medicine (ACOEM) Guidelines are "silent" regarding the requested treatment; other nationally accepted evidence-based guidelines were sought. Evidence-based guidelines indicate that there is limited research suggesting therapeutic blocks offering long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks) of a comprehensive program, local icing, mobilization, manipulation, and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior a first sacroiliac (SI) joint block. If helpful, the blocks may be repeated, however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program. In this case, it is noted that the injured worker meets the requisites prior to receiving sacroiliac injections. However, the injured worker is also noted to have undergone prior computed tomography (CT)-guided injections as per medical records dated April 9, 2014, and these were not helpful. Furthermore, the treating provider indicated that there is a possibility of lumbar radiculopathy. It is known that both sacroiliac joint injury and lower lumbar injury particularly at the L5-S1 level both causes the same presenting symptoms which make medical treatment complicated and hard. It is mandatory at all suspected pain generators should be ruled out first in order to proceed with any planned medical treatment. Per medical records, a modified utilization review dated April 29, 2014 was provided in order to rule out lumbar radiculopathy. However, based on the most recent medical records dated May 6, 2014 this was not carried. In reference on the said information and given that the prior computed tomography (CT)-guided injections to the sacroiliac joint injections and the absence of any evidence that lumbar radiculopathy has been ruled out. Therefore, the request for Steroid/Anesthetic injection: Alis injection, Fluoro, or CT guided is not medical necessary or appropriate.