

Case Number:	CM14-0087756		
Date Assigned:	07/23/2014	Date of Injury:	05/20/2009
Decision Date:	09/19/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/11/2014

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 41-year-old female who reported an injury on 05/22/2009 while working on a portable blood unit bus. She stepped out onto a plastic step stool at the bottom of the step, and she recalls falling and breaking the fall by putting her hands behind her. Diagnoses were lumbar spine pain, sacroiliac syndrome, and hip pain. Past treatments were physical therapy, and on 05/14/2014 right sacroiliac joint injection and right piriformis trigger point injection with pain relief reported of about 3 days. Diagnostic studies were x-ray of the right hip that revealed mild degenerative changes and MRI of the lumbar spine. Surgical history was arthroscopy of the right shoulder, hysterectomy, and nerve relocation in the elbow and hand. Physical examination on 04/21/2014 revealed complaints of low back pain and hip pain. Examination revealed tenderness to palpation over the right S1 joint and on the right piriformis. Faber test was positive for the S1 joint pain but also hip pain, and there was audible clunking in the right hip with Faber test. Straight leg test was negative. There was tenderness to palpation over the lumbar facets. Medications were ibuprofen. Treatment plan was for right intra-articular hip joint with fluoroscopy and IV sedation. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

right intra-articular hip injection with fluroscopy and IV sedation: 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) Hip & Pelvis (Acute & Chronic).

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 right intra-articular hip injection with fluoroscopy and IV sedation is not medically necessary. The Official Disability Guidelines for intra-articular steroid hip injections is not recommended in early hip osteoarthritis. It is under study for moderately advanced or severe hip osteoarthritis, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short term pain in 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. A survey of expert opinion showed that substantial numbers of surgeons felt that intra-articular steroid hip injections were not therapeutically helpful; they may accelerate arthritis progression or may cause increased infection after subsequent total hip arthroplasty. The guidelines recommend injections for moderately advanced or severe osteoarthritis. The injured worker had mild degenerative changes. Pain relief was reported to have lasted 3 days. Due to the recommendations by the medical guidelines, this request is not medically necessary.