

<b>Case Number:</b>	CM14-0095173		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is an 88-year-old male who has submitted a claim for back pain, contusion of hip, unspecified myalgia and myositis, chronic right SI joint pain, spinal enthesopathy, and sleep-related leg cramps associated with an industrial injury date of 07/15/2013. Medical records from 10/31/2013 to 05/28/2014 were reviewed and showed that patient complained of persistent SI joint and right hip pain (pain scale grade not specified) . Physical examination of bilateral hips revealed no deformity, edema, erythema, soft tissue swelling, or ecchymoses, or tenderness, normal ROM, and negative FABER and Stinchfield resisted hip flexion tests. Treatment to date has included right steroid hip injection under fluoroscopy (10/31/2013) and pain medications. Of note, there was no objective documentation of functional improvement from right hip steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right Hip Joint Steroid Injection Under Fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 (IASHI).

**Decision rationale:** CA MTUS does not address the topic on piriformis injections. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. ODG states that intra-articular steroid hip injection (IASHI) is not recommended in early hip osteoarthritis (OA). It is under study for moderately advanced or severe hip OA. IASHI is recommended as an option for short-term pain relief in hip trochanteric bursitis. Intraarticular 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. IASHI should be used in conjunction with fluoroscopic guidance since the hip joint is one of the most difficult joints in the body to inject accurately and entry of the therapeutic agent into the synovial space cannot be ensured without fluoroscopic guidance. In this case, the patient complained of chronic right SI joint and hip pain and received one right steroid hip injection under fluoroscopy (10/31/2013). There was no objective documentation of functional improvement with previous steroid injection. Furthermore, there was no diagnosis of moderately advanced OA or trochanteric bursitis, which are the only supported pathologies for IASHI per ODG guidelines. There is no clear indication for IASHI at this time. Therefore, the request for Right Hip Joint Steroid Injection Under Fluoroscopy is not medically necessary.