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| Case Number: | CM14-0163617 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 02/03/2011 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 09/09/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on February 3, 2011. He has reported an injury to the right hip and low back. The diagnoses have included chronic lumbosacral sprain/strain with lumbar disc disease, lumbar radiculopathy, chronic spinal stenosis and bilateral hip impingement syndrome with labral tear. Treatment to date has included diagnostic studies, surgery, medication, cortisone injection, epidural injection and physical therapy. On January 22, 2015, the injured worker complained of constant, severe low back pain radiating down both legs. He also complained of pain in both hip areas, the right hip more than the left. Physical examination revealed a positive Trendelenburg sign. Right hip range of motion included flexion 90 degrees, extension 20 degrees, internal rotation 30 degrees, external rotation 40 degrees, abduction 30 degrees and adduction 20 degrees. On September 9, 2014, Utilization Review non-certified cortisone injection into the right hip, noting the Official Disability Guidelines. On October 6, 2013, the injured worker submitted an application for Independent Medical Review for review of cortisone injection into the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection into 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, 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/Intra-articular steroid hip injection (IASHI).

Decision rationale: MTUS does not discuss this type of treatment. ODG recommends intra-articular cortisone injection to the hip for short-term relief of trochanteric bursitis; it is not recommend in chronic or multi-factorial cases of hip pain as in this case. The records do not provide an alternative rationale to support this request. The request is not medically necessary.