

<b>Case Number:</b>	CM14-0023578		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	09/10/2010
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 68 year old female, who sustained an industrial injury on 9-10-2010. The medical records indicate that the injured worker is undergoing treatment for sacroiliac sprain and right hip joint pain. According to the progress report dated 1-28-2014, the injured worker presented with complaints of right hip pain with radiation into the right groin. On a subjective pain scale, she rates her pain 6-7 out of 10. The physical examination reveals decreased right hip range of motion, decreased motor strength of the right hip girdle muscles, and positive Gaenslen's, Patrick's, and Fabre's test on the right. There is point tenderness of the sacroiliac joint and piriformis. The current medications are Baclofen, Ropinirole, Dexilant, and Oxycodone-Acetaminophen. Previous diagnostic studies include x-rays and MRI of the right hip. Treatments to date include medication management, home exercises, and sacroiliac joint injection (2013). Work status is described as modified. Per notes, the injured worker is scheduled for right hip replacement. The original utilization review (2-7-2014) had non-certified a request for right sacroiliac and right hip injection under ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SI INJECTION UNDER ULTRASOUND GUIDANCE:** 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 and Pelvis Chapter, Sacroiliac Joint Blocks.

**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 (Acute & Chronic) Sacroiliac joint blocks.

**Decision rationale:** The claimant sustained a work injury in September 2010 when, while working as a school bus driver, she was exiting her bus and felt excruciating pain in the right hip and gluteal region. She has advanced osteoarthritis of the right hip with possible osteonecrosis and a total hip replacement is being planned. In November 2013, she was requesting repeat injections. She had undergone a right sacroiliac joint injection three months before with a 65% decrease in pain and a right hip joint injection four months before providing about 50% pain relief. When seen, she had pain rated at 6-7/10. Physical examination findings included an antalgic gait with use of a cane. There was decreased and painful right hip range of motion. There was sacroiliac joint and piriformis tenderness. There was decreased right hip strength due to pain. Patrick, Fabere, and Gaenslen tests were positive. Sacroiliac joint injections were done in August 2012, January 2013, April 2013, and August 2013. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In the treatment or therapeutic phase, the procedure should be repeated only as necessary and should be limited to a maximum of four times for local anesthetic and steroid blocks over a period of one year. Criteria for a repeat injection include greater than 70% pain relief for 6 weeks from previous injections. In this case, the claimant has undergone prior sacroiliac joint injections with only a 65% decreased in pain and the duration of pain relief after the last injection was not documented. The above criteria are not met and the requested repeat sacroiliac joint injection was not medically necessary.

**RIGHT HIP CORTISONE INJECTION UNDER ULTRASOUND GUIDANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons OA Hip Section 2: Treatments Options, October 2003. [www.aaos.org](http://www.aaos.org), pg. 2.22, Module 2.5: Intra-articular Treatment Corticosteroid Injections (Corticosteroids); Official Disability Guidelines, Intra-articular steroid hip injection (IASHI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip (Acute & Chronic), Intraarticular steroid hip injection (IASHI).

**Decision rationale:** The claimant sustained a work injury in September 2010 when, while working as a school bus driver, she was exiting her bus and felt excruciating pain in the right hip and gluteal region. She has advanced osteoarthritis of the right hip with possible osteonecrosis and a total hip replacement is being planned. In November 2013, she was requesting repeat injections. She had undergone a right sacroiliac joint injection three months before with a 65%

decrease in pain and a right hip joint injection four months before providing about 50% pain relief. When seen, she had pain rated at 6-7/10. Physical examination findings included an antalgic gait with use of a cane. There was decreased and painful right hip range of motion. There was sacroiliac joint and piriformis tenderness. There was decreased right hip strength due to pain. Patrick, Fabere, and Gaenslen tests were positive. Sacroiliac joint injections were done in August 2012, January 2013, April 2013, and August 2013. An intraarticular steroid hip injection is not recommended in early hip osteoarthritis (OA) and is under study for moderately advanced or severe hip osteoarthritis. 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 and may accelerate arthritis progression or may cause increased infectious complications after subsequent total hip arthroplasty. In this case, the claimant has already undergone an intra-articular hip injection and total hip replacement surgery is being planned. She has findings of osteonecrosis, which may reflect progression of hip osteoarthritis or could be related to excessive use of corticosteroids. A repeat hip injection was not medically necessary.