

Case Number:	CM15-0003692		
Date Assigned:	01/14/2015	Date of Injury:	06/13/2014
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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: California, Arizona
 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 60-year-old female who reported injury on 06/13/2014. The mechanism of injury was a fall. Prior therapies included an epidural steroid injection. The injured worker's diagnoses include pelvic and thigh osteoarthritis, spinal stenosis, lumbar claudication, sciatica and lumbosacral spondylosis. The MRI of the left hip without contrast, dated 10/24/2014, was noted to revealed severe left hip osteoarthritis, which was worse than before. There was diffuse chronic degeneration of the labrum of the left hip and moderate left hip effusion. The documentation of 12/01/2014 revealed the injured worker's medications included atenolol 50 mg, Flonase 0.05% nasal spray, Norco 10/325 mg and Xalatan 0.005% eye drops. The injured worker returned for re-evaluation of the hip and ultrasound guided intra-articular injection of the left hip. The injured worker was noted to be re-evaluated 10 minutes postinjection and still had left knee, left hip and left leg and groin pain with internal rotation of the left hip. Subsequent documentation of 12/15/2014 revealed the injured worker did not get much better with the intra-articular injection under ultrasound guidance. The injured worker continued to have severe burning pain involving the left side of her low back, gluteal area and extension all the way down to the ankle. The physician indicated that normally intra-articular hip problems extend primarily to the knee. The distribution was noted to be not exactly consistent with an isolated intra-articular problem. Physician indicated he reviewed her MRI, which revealed intra-articular cartilage issues. It was noted the injured worker was tender over the sciatic notch and sciatic nerve areas. The physician discussed the option of a referral to a hip specialist or a

recommendation for an x-ray directed intra-articular anesthetic only injection to the left hip along with musculoskeletal ultrasound for the left sciatic nerve area.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray directed intra-articular left hip injection with anesthesia: Upheld

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

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

Decision rationale: The Official Disability Guidelines indicate that intra-articular steroid hip injections are recommended for moderately advanced or severe hip osteoarthritis. If used, they should be used in conjunction with fluoroscopic guidance. The clinical documentation submitted for review indicated the injured worker had previously undergone an intra-articular left hip injection, which failed to provide relief. There was a lack of documentation of exceptional factors to support the necessity for a secondary injection. Additionally, this injection should be performed with fluoroscopy and the request was for x-ray guidance, without specificity of a fluoroscopy. The rationale for the use of anesthesia was not provided. Given the above and the lack of documentation of exceptional factors, the request for x-ray directed intra-articular left hip injection with anesthesia is not medically necessary.

Left gluteal sciatic nerve musculoskeletal ultrasound: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Ultrasound therapeutic.

Decision rationale: The Official Disability Guidelines indicate that therapeutic ultrasound is not recommended based on medical evidence and it is not recommended for the diagnosis of low back conditions. The specific rationale for the requested intervention was not provided. Given the above and the lack of documentation of exceptional factors, the request for left gluteal sciatic nerve musculoskeletal ultrasound is not medically necessary.