

<b>Case Number:</b>	CM15-0130378		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	11/30/2014
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: 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 55-year-old female, who sustained an industrial injury on 11/30/2014. The mechanism of injury was a slip and fall. The injured worker was diagnosed as having joint pain of the pelvis, thigh and lower leg, lumbago and myalgia/myositis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/12/2015, the injured worker complains of low back pain and left hip pain, rated 6/10 with numbness and tingling of the left foot. Physical examination showed lumbar paravertebral muscle tenderness and sacroiliac joint tenderness with range of motion within normal limits. The treating physician is requesting left hip steroid injection under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left hip steroid injection under fluoroscopy: 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 - Intra-articular steroid hip injection.

**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 November 2014 and is being treated for low back and left hip pain. Her injury occurred when she slipped and fell. When seen, pain was rated at 6/10. Physical examination findings included lumbar spinous process and paraspinal muscle tenderness with muscle spasms. Facet loading was positive. There was left sacroiliac joint and trochanteric tenderness. Gaenslen and Fabere testing was positive and there was pain with internal rotation of the hip. There was decreased left lower extremity strength. There was an antalgic gait without use of an assistive device. The assessment references x-rays having been taken when the injury occurred but these results are not documented. An intra-articular steroid hip injection is not recommended in early hip osteoarthritis (OA) and is under study for moderately advanced or severe hip OA. In this case, the claimant has multifactorial hip pain with findings of greater trochanteric bursa tenderness, sacroiliac joint tenderness, and pain with hip motion. Whether she has osteoarthritis of the hip joint is unknown as there were no reported imaging results. The requested injection was not medically necessary