

Case Number:	CM15-0134388		
Date Assigned:	07/22/2015	Date of Injury:	01/10/2012
Decision Date:	08/26/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/11/2015

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

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 (IW) is a 51 year old female who sustained an industrial injury on 01/10/2012. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having right trochanteric bursitis. Treatment to date has included right total hip (10/23/2014) and a L3-S1 fusion (seen on x-ray, date not given). On 05/06/2015, she has right lower extremity radiculopathy going into the lateral thigh and requests Topamax, tramadol, and Neurontin refills. On 06/19/2015, the injured worker complained of intermittent pain in the right hip that was mild to moderate. According to the provider notes on 06/19/2015, the worker rarely needs to take pain medication and uses aspirin for relief. She has 120 degrees of flexion and 80-90 degrees of external rotation in flexion. There is tenderness to palpation over the right greater trochanter bursa. Pain does not extend to groin. The left hip has 120 degrees of flexion with 79 degrees external rotation in flexion and no pain. The plan of care is for topical Voltaren gel for anti-inflammatory, physical therapy, and alternate between ice and heat for the hip pain. If no relief in 6-8 weeks, she would be re-evaluated for an injection. A request for authorization was made for the following: 1. Follow up visit in 6-8 weeks or sooner; 2. Injections x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injections x2: 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 & Pelvis (Acute & Chronic) Chapter under Intra-articular steroid hip injection (IASHI).

Decision rationale: The 51 year old patient complains of mild to moderate right hip pain, especially on the lateral aspect, as per progress report dated 06/19/15. The request is for INJECTIONS X 2. The RFA for this case is dated 07/02/15, and the patient's date of injury is 01/10/12. The patient is status post total hip arthroplasty on 10/23/14, as per progress report dated 06/19/15, and has been diagnosed with trochanteric bursitis. As per progress report dated 05/06/15, the patient also has right lower extremity radiculopathy, sacroiliac problem, and pelvic rotation. The reports do not document the patient's work status. ODG guidelines, chapter ' and topic 'Intra-articular steroid hip injection (IASHI)', states the following "Not recommended in early hiposteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance, recommended as an option for short-term pain relief in hip trochanteric bursitis. (Brinks, 2011) 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." Under the topic 'Sacroiliac Joint Blocks', ODG also states that "Responsiveness to prior interventions with improvement in physical and functional status to proceed with repeat blocks or other interventions." In this case, none of the progress reports discuss the request. However, as per the Utilization Review denial letter, the request is for injection to the hip which was modified to one by the UR reviewer. As per progress report dated 06/19/15, the patient has not had an injection in the past and does suffer from trochanteric bursitis for which steroid hip injections are indicated. However, the treater does not explain the purpose of two injections. ODG supports repeat injections only in patients who have significant improvement in pain and function after the initial intervention. Hence, the treater's request for injections x 2 is not medically necessary.