

<b>Case Number:</b>	CM15-0134895		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 48 year old male, who sustained an industrial injury on 6/17/11. The diagnoses have included cervical disc displacement, chronic pain, cervical radiculitis, cervical radiculopathy, status post cervical spinal fusion, lumbar radiculitis, lumbar radiculopathy, bilateral shoulder pain and bilateral hand pain. Treatment to date has included medications, activity modifications, Transcutaneous electrical nerve stimulation (TENS), surgery, acupuncture, neck brace, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 6/8/15, the injured worker complains of neck pain and low back pain that radiates down the bilateral lower extremities which is unchanged since last visit and rated 7/10 on pain scale with medications and 10/10 without medications. He also complains of right hip pain as right hip was used for bone graft for cervical spine. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine, Magnetic Resonance Imaging (MRI) of the thoracic spine, Magnetic Resonance Imaging (MRI) of the cervical spine and computerized axial tomography (CT scan) scan of the cervical spine. The current medications included Norco. The physical exam reveals that the injured worker was in moderate to severe distress. There was cervical spine tenderness, severely limited cervical range of motion due to pain, and decreased sensation in the bilateral upper extremities. The physician noted that given the increase pain a Toradol injection with B12 was given intramuscular in the right gluteal muscle with pain relief. The physician notes that the injured worker has failed conservative treatment and is being evaluated for chronic hip pain and wishes to proceed with a

diagnostic/therapeutic corticosteroid and anesthetic hip joint injection for pain control and functional improvement. The physician requested treatment included a Right hip joint injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right hip joint injection:** 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 and Pelvis/ Intra-articular steroid hip injection.

**Decision rationale:** According to ODG guidelines, CA MTUS is silent on hip injections, intra-articular steroid injections of the hip are "not recommended in early hip osteoarthritis, recommended as an option for short-term pain relief in hip trochanteric bursitis". Further research (brinks, 2011) notes that injection does not reduce the need for total hip replacement. Unfortunately the provided clinic notes are lacking details on the IW's hip related symptoms; there are no physical exam findings of the hip noted and history of hip symptoms, including chronicity and relation to the 2011 injury is not clearly stated. Consequently based on the records and cited guidelines, the requested injection is not medically necessary.