

Case Number:	CM15-0143763		
Date Assigned:	08/17/2015	Date of Injury:	12/31/2012
Decision Date:	09/11/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/24/2015

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:

This 48 year old female sustained an industrial injury on 12-31-12. She subsequently reported back and hip pain. Diagnoses include displacement of lumbar intervertebral disc. Treatments to date include MRI testing, injections and prescription pain medications. The injured worker continues to experience low back and bilateral hip pain. Upon examination, limited hip range of motion was noted. Gait was slow and guarded. A request for Epidural steroid injection for the right hip and Physical therapy 2 times a week for 4 weeks for the lumbar spine and bilateral hips was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection for the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (updated 10/08/14)-Online version.

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), Intra-articular steroid hip injection (IASHI) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p60.

Decision rationale: The claimant sustained a work injury in December 2012 and is being treated for low back and bilateral hip pain. When seen, she was having back pain without lower extremity radicular symptoms. She was having constant bilateral hip pain and soreness of the left hip. Physical examination findings included limited hip range of motion. Fabere testing was positive. There was decreased hip flexion strength. There was a slow and guarded gait. Continued physical therapy and a right hip injection were requested. An MRI of the right hip in February 2015 included findings of the right-sided labral tear without findings of arthritis. An intra-articular hip injection for diagnostic and therapeutic purposes was requested after an initial orthopedic evaluation in May 2015. Guidelines state that local anesthetic injections are used to diagnose certain pain conditions that may arise out of occupational activities, or due to treatment for work injuries. In this case, the requested injection is being used for both diagnostic and therapeutic purposes and would be expected to include cortisone. 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 does not have a diagnosis of hip osteoarthritis. The requested injection is not medically necessary.

Physical therapy 2 times a week for 4 weeks for the lumbar spine and bilateral hips:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in December 2012 and is being treated for low back and bilateral hip pain. When seen, she was having back pain without lower extremity radicular symptoms. She was having constant bilateral hip pain and soreness of the left hip. Physical examination findings included limited hip range of motion. Fabere testing was positive. There was decreased hip flexion strength. There was a slow and guarded gait. Continued physical therapy and a right hip injection were requested. An MRI of the right hip in February 2015 included findings of the right-sided labral tear without findings of arthritis. An intra-articular hip injection for diagnostic and therapeutic purposes was requested after an initial orthopedic evaluation in May 2015. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request is not medically necessary.