

Case Number:	CM15-0160921		
Date Assigned:	08/27/2015	Date of Injury:	06/04/2003
Decision Date:	09/30/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 sustained an industrial injury on June 4, 2003. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having left hip labral tear with degenerative changes, lumbar sprain and strain and mild degenerative disc disease. Treatment to date has included diagnostic studies, injection, physical therapy and medication. On June 3, 2015, the injured worker complained of low back pain rated as a 7 on a 1-10 pain scale and left hip pain rated as a 5-6 on the pain scale. She noted that her left hip pops and gives out at least twice per week. She has difficulty with all activities of daily living. Faber test sitting caused lateral hip pain and mild groin pain. The treatment plan included a left psoas tendon sheath steroid injection under ultrasound and physical therapy. A request was made for left psoas sheath injection under ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Psoas sheath injection under ultrasound: 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), Treatment Index, 11th Edition (web) 2015 Hip & Pelvis/ Intra-articular steroid hop injection (IASHI) (updated 10/09/2014).

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 pg 20.

Decision rationale: According to the guidelines, intraarticular hip injections are under study for hip osteoarthritis but it is recommended as a short term option for hip bursitis and should be performed under fluoroscopy. In this case, the claimant had prior left hip labral tear. An MRI on 3/24/15 was unremarkable. The claimant does not have a diagnosis of bursitis. There is no evidence that the injection will provide lasting benefit. The psoas injection is not medically necessary.