

Case Number:	CM15-0164896		
Date Assigned:	09/02/2015	Date of Injury:	09/11/2014
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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 44-year-old female who sustained an industrial injury on September 11, 2014. The worker was employed as a sales associate in a retail store. The accident was described as while working attempting to move a clothing rack she immediately felt a pulling sensation in her left lower back and hip. A primary treating office visit dated June 17, 2015 reported subjective complaint of with continued pain in the lower back and left hip along with headaches. The headaches had increased in frequency. There is note of a pending ultrasound guided injection to the left hip. Objective assessment noted: Lasegue's positive bilaterally; straight leg raise at 70 degrees positive bilaterally that elicits pain in the L5-S1 dermatome distribution. There is hypoesthesia at the anterolateral aspect of the foot an ankle of an incomplete nature noted at L3, L4, L5, S1 dermatome level bilaterally. There is weakness in the big toe dorsiflexor and big toe plantar flexor noted, bilaterally; there is noted sacroiliac joint tenderness, left along with pain on compression or distraction over sacroiliac joint, left. Bilateral hands noted with positive Tinel's and Phalen's along with hypoesthesia on the median nerve distribution. The following diagnoses were applied: lumbar spine strain and sprain; radiculitis, radiculopathy, left greater secondary to herniated lumbar disc L3-4, L4-5, L5-S1; right hip strain and sprain, rule out internal derangement. A primary treating office visit dated May 04, 2015 reported subjective complaint of continuing pain in the lumbar spine radiating to the right leg, as she is favoring her left hip. She also has complaint of difficulty sleeping, anxiety and depression. The plan of care is with recommendation for administration of a ultrasound guided corticosteroid injection to the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound-Guided Corticosteroid Injection of the Left Hip: Overturned

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, 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 & Pelvis (Acute & Chronic), Trochanteric bursitis injections.

Decision rationale: The claimant sustained a work injury in September 2014 when, while moving a clothing rack, she had left low back and left hip pain. She was seen by the requesting provider in November 2014. An x-ray of the pelvis was negative for fracture without report of other abnormality. When seen, there had been a weight gain from 132 to 154 pounds. Physical examination findings included decreased hip range of motion with pain on internal and external rotation and tenderness over the trochanteric bursa. Authorization is being requested for an ultrasound guided hip injection. A trochanteric bursitis injection is a recommended treatment. Gluteus medius tendinosis/tears and trochanteric bursitis/pain are symptoms that are often related. For trochanteric pain, a corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing rapid and prolonged relief. A steroid injection can be offered as a first-line treatment of trochanteric bursitis. Although this injection can be performed without fluoroscopic or ultrasound guidance, there is some evidence that the use of imaging improves accuracy and in his case the claimant's is noted to be overweight. The requested ultrasound guided injection is medically necessary.