

<b>Case Number:</b>	CM15-0165887		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: 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 62 year old male who sustained an industrial injury on 08-26-13. A review of the medical records indicates the injured worker is undergoing treatment for pain in the right hip, chronic pain, and degenerative lumbar-lumbosacral intervertebral disc. Medical records (07-08-15) reveal the injured worker complains of low back and left leg pain, rated at 8/10. The physical exam (07-08-15) reveals aching reported in the lower back and right hip, and referred pain in the bilateral thighs. Treatment has included right hip replacement, medications including ibuprofen, and physical therapy. The treating provider indicates (07-08-15) the physical therapy was "very helpful in helping walk better. Has not tried TENS, acupuncture or injections." The original utilization review (07-28-15) non-certified the request for a right hip steroid injection under fluoroscopy, TENS, and 12 sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right hip steroid injection, under fluoroscopy guidance:** 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 and Pelvis Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 20.

**Decision rationale:** According to the guidelines, intrarticular 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 does have localized hip pain that may indicate bursal symptoms. However, the injections do not routinely require fluoroscopy. The request for the injection with fluoroscopy is not medically necessary.

**TENS unit (CMS 3000) for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. A 1-month trial response is unknown, indefinite us is not indicated. The request for a TENS unit purchase is not medically necessary.

**Acupuncture, two times a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. Although a 1-2 month intervention may be appropriate, the response to 6 sessions is unknown to allow for 12 sessions. In addition, acupuncture is considered an option for the claimant. The request for 12 sessions of acupuncture is not medically necessary.