

Case Number:	CM15-0199096		
Date Assigned:	10/14/2015	Date of Injury:	11/02/2011
Decision Date:	12/01/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/09/2015

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: Virginia

Certification(s)/Specialty: Neurology

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 57 year old male, who sustained an industrial injury on November 2, 2011. He reported right hip and sacroiliac pain. The injured worker was currently diagnosed as having degenerative joint disease of right hip, lumbar radiculopathy, lumbar facet arthropathy, lumbosacral sprain and strain, sacroiliac joint dysfunction and lumbar degenerated disc disease. Treatment to date has included diagnostic studies, medication, home exercise, medial branch blocks, radiofrequency ablation and injections. Currently, the injured worker complained of lower back and right hip pain. The pain was described as sharp, dull, aching, throbbing, stabbing, numbness, pressure, electrical-shooting, burning, stinging, cramping, weakness and spasm. At the time of exam, his current pain rating was a 6 on a 1-10 pain scale. A right hip computed tomography scan was noted to show a CAM-type femoral-acetabular impingement indicating need for steroid injection-replacement. His gait was described as weak and antalgic. The treatment plan included right lumbar transforaminal epidural steroid injections and right hip steroid injection. On October 5, 2015, utilization review modified a request for right lumbar transforaminal epidural steroid injection L3 L4 L5 anesthesia with x-ray and fluoroscopic guidance one time to allow a right lumbar transforaminal epidural steroid injection without anesthesia and with x-ray and fluoroscopic guidance one time at two levels only at the treating physician's discretion. A request for right hip steroid injection one time was denied. A request for referral to orthopedic surgeon for evaluation of right hip and Percocet 10-325mg #180 (prescribed 09-22-15) was authorized with recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar transforaminal epidural steroid injection at L3, L4, L5, with anesthesia with x-ray and fluoroscopic guidance (1 time): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Chronic pain medical treatment guidelines recommend epidural steroid injections as an option for treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings of a radiculopathy. Most current guidelines recommend no more than 2 epidural steroid injections. The criteria used in the guidelines states that a radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines states that no more than one intralaminar level should be injected in one session. The injured worker in this case underwent a decompressive lumbar laminotomy at the L4-L5 levels onto July, 2015. There is documentation on neurologic exam of only decreased sensation to pinprick on the right leg at the L4-L5 level. It is not entirely clear based on documentation and that the neurologic exam has changed after the first surgery and that the conditions outlined in the guidelines are specifically met. Also the guidelines state that no more than one intralaminar R. level should be injected at a time. Therefore, according to the guidelines, and a review of the evidence, treatment with a right lumbar transforaminal epidural steroid injection at L3, L4 and L5 with anesthesia and x-ray fluoroscopic guidelines (1 time) is not medically necessary.

Right hip joint steroid injection (1 time): 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 Chapter, 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 and Pelvis chapter (on line version).

Decision rationale: Official disability guidelines states that intra-articular steroid injections are not recommended in cases of early hip osteoarthritis. Cases of moderately advanced or severe hip osteoarthritis are under study if used under fluoroscopic guidance. The procedure is recommended as an option for short-term pain relief in hip trochanteric bursitis. Intra-articular glucocorticoid injection with or without a limitation of weight bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. A survey of expert opinions showed that substantial numbers of surgeons felt that intra-articular steroid injections was not therapeutically helpful and may accelerate arthritis progression or cause increased infectious complications after subsequent hip arthroplasty procedures. The injured worker in his case has a diagnosis of right hip pain and right hip mild osteoarthritis. Therefore, according to the guidelines, and a review of the evidence, treatment with a right hip joint steroid injection (one time) is not medically necessary.