

Case Number:	CM15-0204896		
Date Assigned:	10/21/2015	Date of Injury:	09/15/2012
Decision Date:	12/03/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/19/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 65 year old male, who sustained an industrial injury on 9-15-2012. The injured worker is being treated for chronic pain syndrome, low back pain, spondylosis without myelopathy or radiculopathy lumbosacral region, lumbar intervertebral disc degeneration and pain in the right hip. Treatment to date has included diagnostics, medications, diagnostic medial branch blocks, radiofrequency lesioning, acupuncture, epidural steroid injections, activity restrictions, and physical therapy. Per the Primary Treating Physician's Progress Report dated 10-06-2015, the injured worker presented for follow-up visit for evaluation and management of chronic pain. He reported right hip pain and right sided low back pain with pain radiating to the back of the right thigh and pain in the right groin. He rates his pain level as 5 out of 10. Objective findings included flattening of the normal lumbar lordosis, with lower back extension that was restricted and painful. There was diminished sensation to touch distally right and left posterior aspect of the legs and anteriorly in a non-radicular pattern consistent with peripheral neuropathy. The notes from the provider do not document efficacy of the prescribed medications. Work status was not provided at this visit. The plan of care included, and authorization was requested for right hip intra-articular joint injection under fluoroscopy. On 10-12-2015, Utilization Review non-certified the request for outpatient right hip intra-articular joint injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip intra-articular joint injection under fluoroscopy: 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), 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 section, intraarticular corticosteroid injections.

Decision rationale: CA MTUS is silent on the subject of intraarticular corticosteroid injections of the hip. According to ODG, hip and pelvis section, intraarticular corticosteroid injections of the hip are not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. Intraarticular glucocorticoid injection with or without elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. In this case the injured worker does not have severe hip arthritis based on imaging reports, therefore the determination is for non-certification. The request is not medically necessary.