

<b>Case Number:</b>	CM15-0024777		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	08/31/2012
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 51-year-old [REDACTED] employee who has filed a claim for hip pain reportedly associated with an industrial injury of August 31, 2012. In a Utilization Review Report dated January 8, 2015, the claims administrator failed to approve a request for an ultrasound-guided hip corticosteroid injection. Non-MTUS ODG Guidelines were invoked in its denial. The claims administrator noted that the applicant had undergone earlier failed hip arthroplasty surgery. The claims administrator referenced an RFA form of January 6, 2015 in its determination, along with an associated progress note of January 5, 2015. The applicant's attorney subsequently appealed. On October 7, 2014, it was acknowledged that the applicant was no longer working and had been laid off by her former employer. The applicant reported ongoing issues with chronic hip pain and chronic low back pain. The applicant was using Prilosec, Prazosin, and Vicodin, it was acknowledged. On December 26, 2014, the applicant reported persistent complaints of low back pain. Ancillary complaints of hip pain were noted. The attending provider stated that the applicant's hip pain complaints had "substantially resolved." On January 5, 2015, the applicant reported ongoing complaints of groin and thigh pain. The applicant was 51 years old. The attending provider suggested that the applicant undergo an ultrasound-guided hip corticosteroid injection. New hip x-rays were also endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Ultrasound Guided Right Hip Injection with Kenalog and Marcaine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Intra-articular steroid hip injection (IASHI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, Table 2: Summary of Recommendations for Managing Hip and Groin Disorders.

**Decision rationale:** The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Hip and Groin Chapter does recommended steroid injections for applicants who carry diagnosis of gluteus medius tendinosis, greater trochanteric bursitis, femoral acetabular impingement, and/or hip osteoarthritis, ACOEM, however, recommends against hip corticosteroid injections for applicant's who carry a diagnosis of osteonecrosis of the hip. Here, the applicant did not have an established diagnosis involving the hip. The applicant had been asked to undergo hip x-rays on the date of the request for the hip corticosteroid injection, January 5, 2015. If the hip x-rays had, for instance, uncovered diagnosis such as hip osteonecrosis, corticosteroid injection therapy would not have been indicated here. The request, thus, cannot be supported, as the attending provider did not indicate what diagnosis or diagnoses he had intended the hip corticosteroid injection to address. The attending provider, as noted previously, had not completed the diagnostic workup for the applicant's hip pain complaints prior to requesting the corticosteroid injection. Performing the injection without completing the diagnostic workup, thus, could have resulted in the attending providers providing a hip corticosteroid injection for a diagnosis for which corticosteroid injection therapy is not recommended, such as, for instance, hip osteonecrosis. Therefore, the request was not medically necessary.