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| Case Number: | CM15-0042656 | | |
| Date Assigned: | 03/12/2015 | Date of Injury: | 12/18/2004 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 02/06/2015 |
| Priority: | Standard | Application Received: | 03/05/2015 |

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

Certification(s)/Specialty: Emergency 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 injured worker is a 51 year old female, who sustained an industrial injury on December 18, 2004. She reported low back pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, pain in the joints of the pelvis and thigh and pain in the shoulder joint. Treatment to date has included radiographic imaging, diagnostic studies, steroid injections, conservative therapies, pain medications and work restrictions. Currently, the injured worker complains of low back pain with radiating pain to the bilateral lower extremities. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. She has been treated conservatively and with steroid injections without complete resolution of the pain. She did report improvement with the injections. Evaluation on January 21, 2015, revealed continued low back pain with pain in the bilateral lower extremities. Medications were renewed and a right hip injection was recommended secondary to past benefit with the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ESI, hip and pelvis-intra-articular corticosteroid injections.

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), Intra-articular steroid hip injection (IASHI).

Decision rationale: The requested Right hip injection, is not medically necessary. CA MTUS is silent. Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Intra-articular steroid hip injection (IASHI) noted "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." The injured worker has low back pain with radiating pain to the bilateral lower extremities. The treating physician has documented relief from previous injections. The treating physician has not adequately documented exam and diagnostic evidence of trochanteric bursitis or advanced hip osteoarthritis. The criteria noted above not having been met, Right hip injection is not medically necessary.