

Case Number:	CM15-0048817		
Date Assigned:	03/20/2015	Date of Injury:	05/08/2008
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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: North Carolina
 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 65 year old female, who sustained an industrial injury on 05/08/2008. She has reported subsequent back and hip pain and was diagnosed with lumbar radiculopathy, hip pain, sacroiliitis and low back pain. Treatment to date has included oral pain medication, cortisone injections, sacroiliac joint injection and physical therapy. In a progress note dated 09/12/2014, the injured worker complained of low back pain. Objective findings of the left hip were notable for swelling of a surgical scar on the left groin, restricted range of motion with pain, tenderness and positive Gaenslen's, Faber's, Gillett's and Patrick's sign. There was no medical documentation submitted that pertains to the current treatment request for cortisone injection of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection of the left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, hip injections.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested intervention. Per the ODG, hip injections are recommended as treatment for moderate to severe osteoarthritis. X-rays of the hip do not show moderate to severe disease. Previous trochanteric bursa injections also were not helpful. Therefore, the request is not medically necessary and not approved.