

Case Number:	CM15-0081458		
Date Assigned:	05/04/2015	Date of Injury:	05/01/2006
Decision Date:	06/02/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/28/2015

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: Arizona, California
 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 62-year-old male who sustained an industrial injury on 5/1/06. The injured worker reported symptoms in the neck and back. The injured worker was diagnosed as having lumbar strain/sprain, lumbar multi-level degenerative disc disease, right sacroiliac joint dysfunction, right hip strain and arthritis, and cervical strain/sprain and degenerative disc disease. Treatments to date have included physical therapy, oral pain medication, chiropractic treatments, acupuncture treatment, stimulator and massage therapy. Currently, the injured worker complains of pain in the neck and lower back. The plan of care was for intra-articular injection and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-articular injection right hip: 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), hip and pelvis-Intra-articular steroid hip injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Hip chapter- pg 19.

Decision rationale: According to the guidelines, intrarticular hip injection is recommended for bursitis, not arthritis or strains. In this case, there was a joint dysfunction. The claimant had undergone a CT arthrogram of the hip in 1/2015, which showed mild arthrosis. The request for a hip injection was for diagnostic and therapeutic purposes to differentiate from back pain. The injection request does not meet the guidelines criteria and is not medically necessary.