

Case Number:	CM14-0120806		
Date Assigned:	08/06/2014	Date of Injury:	09/12/2013
Decision Date:	10/14/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44 year old male who reported an injury on 09/12/2013 with an unknown mechanism of injury. The injured worker was diagnosed with cervical and lumbar spine sprain/strain and left hip impingement syndrome. The injured worker was treated with medications. The injured worker had official MRI of the lumbar spine on 11/22/2013 and an official MRI of the pelvis on 12/06/2013. The medical records did not provide surgical history. On the clinical note dated 07/08/2014, the injured worker complained of intermittent pinching pain and stiffness to the neck, intense pain to lumbar spine with radiating pain to his left hip rated 10/10. The injured worker had lumbar flexion of 40 degrees, extension of 10 degrees, and a negative Hoffman's sign. The physician noted the injured worker's hip pain was intensified. The injured worker was instructed to wean off all his medications over a few weeks and supplement Motrin 800mg to alleviate pain. On the clinical note dated 06/17/2014, the injured worker was prescribed Norco 10/325mg. The treatment plan was for left hip cortisone injection and physical therapy three times a week for four weeks for the lumbar spine. The rationale for the request was not provided. The request for authorization was submitted for review on 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip cortisone injection: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Intra-articular steroid hip injection .

Decision rationale: The request for left hip cortisone injection is not medically necessary. The injured worker had radiating pain to his left hip rated 10/10 which was intensified. The Official Disability Guidelines note intra-articular steroid hip injection are not recommended in early hip osteoarthritis. The guidelines do recommend intra-articular steroid hip injections as an option for short-term pain relief in hip trochanteric bursitis. However, the hip joint is one of the most difficult joints in the body to inject accurately, and entry of the therapeutic agent into the synovial space cannot be ensured without fluoroscopic guidance. Fluoroscopically guided steroid injection may be effective. There is a lack of documentation of evidenced objective functional deficits in the hip. The requesting physician's rationale for the request is not indicated within the provided documentation. There is a lack of physical exam findings which may demonstrate pathology to the hip. Additionally, the request does not indicate the injection to be under fluoroscopic guidance. As such, the request for left hip cortisone injection is not medically necessary.

Physical therapy three times a week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy three times a week for four weeks for the lumbar spine is not medically necessary. The injured worker is diagnosed with cervical and lumbar spine sprain/ strain and left hip impingement syndrome. The injured worker complains of intermittent pinching pain and stiffness to the neck, intense pain to lumbar spine with radiating pain to his left hip rated 10/10. The injured worker has lumbar flexion of 40 degrees, extension of 10 degrees, and a negative Hoffman's sign. The California MTUS guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9-10 visits over 8 weeks. There is a lack of documentation indicating whether the injured worker previously had physical therapy, as well as the number of sessions and the efficacy of any prior therapy. Additionally, the request is for 12 visits exceeds the guideline recommendations of 9-10 visits. As such, the request for physical therapy three times a week for four weeks for the lumbar spine is not medically necessary.