

Case Number:	CM14-0130780		
Date Assigned:	09/16/2014	Date of Injury:	01/11/2010
Decision Date:	11/10/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/15/2014

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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 28-year-old male with a 1/11/10 date of injury. At the time (7/18/14) of request for authorization for Fluoroscopically Guided Left Hip Injection, there is documentation of subjective (low back and left hip pain) and objective (tenderness to palpitation and muscle spasm over the lumbar spine and decreased range of motion of the left hip) findings, imaging findings (Reported MRI of the left hip (8/19/13) revealed edema and probable stress structures in the superior, posterior and medial left acetabulum; report not available for review), current diagnoses (sciatica and pain in pelvis/joint pain), and treatment to date (physical therapy and medications). There is no documentation of moderately advanced or severe hip osteoarthritis or the injection used as short term pain relief in hip trochanteric bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically Guided Left 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 (ODG) Hip and Pelvis Chapter regarding Intra-articular steroid hip injection

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 (IASHI)

Decision rationale: MTUS does not address the issue. ODG identifies documentation of moderately advanced or severe hip osteoarthritis or as short term pain relief in hip trochanteric bursitis, as criteria necessary to support the medical necessity of intra-articular steroid hip injection. In addition, ODG additionally identifies that injection should be used in conjunction with fluoroscopic guidance. Within the medical information available for review, there is documentation of diagnoses of sciatica and pain in pelvis/joint pain. However, there is no documentation of moderately advanced or severe hip osteoarthritis or the injection used as short term pain relief in hip trochanteric bursitis. Therefore, based on guidelines and a review of the evidence, the request for Fluoroscopically Guided Left Hip Injection is not medically necessary.