

Case Number:	CM14-0140290		
Date Assigned:	09/08/2014	Date of Injury:	10/07/2013
Decision Date:	10/29/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/28/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 59-year-old male with a date of injury of 10/07/2013. The listed diagnoses per [REDACTED] are left hip labral tear, left hip gluteus medius and minimus tendons, and left hip pain. According to progress reports 07/17/2014, the patient presents with left hip pain that occasionally "pop and the pain drops him to his knees." Examination of the left hip revealed clicking, catching, and popping with range of motion, particularly with flexing and extending the hip joint. X-ray of the orbits from 05/06/2014 revealed no radiopaque foreign material overlying the orbits of facial region other than filling in the maxilla. It was noted the patient had a left hip injection with fluoroscopic guidance on 05/06/2014. The patient also underwent a left hip MRI post-injection on 05/06/2014 which revealed nondisplaced anterior left hip labral tear, moderate strains of the distal gluteus medius and minimus tendons of the left hip and mild strain of the distal gluteus medius and minimus tendons of the right hip. Utilization review denied the request on 07/24/2014. Treatment reports from 01/17/2014 through 07/17/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine injection test to left hip under fluroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines under the Hip chapter

Decision rationale: This patient presents with continued left hip complaints. The treater is requesting a lidocaine injection to the left hip under fluoroscopy. The MTUS and ACOEM guidelines do not discuss steroid hip injections. However ODG guidelines under the Hip chapter (Intra-articular steroid hip injection) states, "Not 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. (Brinks, 2011)" This patient has had a hip injection on 5/6/14. ODG guideline's Pain Chapter under "pain injections in general" require 50% reduction of pain for a sustained period, and clearly result in reduction of pain medications, improved function and/or return to work. In this case, the treater does not document improvement, in terms of decrease in pain or reduction of medications, with this prior injection. Furthermore, x-ray and MRI reports do not indicate hip osteoarthritis. Recommendation is for denial.

Office visit follow up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with continued left hip complaints. The treater is requesting a followup visit following the requested injection. ACOEM Chapter 12, Low Back Pain page 303 has the following regarding follow-up visits, "Patients with potentially work-related low back complaint should have follow-up every 3 to 5 days by mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." In this case, the patient presents with continued hip pain and a follow up visit with the treating physician is within guidelines and recommendation is for approval.

3 plain film views of left 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, Hip & Pelvis (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines chapter under its hip/pelvis, x-rays are recommended

Decision rationale: This patient presents with continued left hip complaints. The treater is requesting a lidocaine injection to the hip and "three plain film views of the left hip." The ACOEM and MTUS guidelines do not discuss x-rays for the pelvis/hip. ODG guidelines has the following under its hip/pelvis chapter, x-rays are recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) In this case, the patient has already had x-rays of the hip. A repeat x-ray at this juncture is not medically necessary, and recommendation is for denial.