

Case Number:	CM14-0160217		
Date Assigned:	10/29/2014	Date of Injury:	03/18/1982
Decision Date:	12/05/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 55-year-old male with a 3/18/82 date of injury. The mechanism of injury occurred as the result of a motor vehicle accident in which he injured his spinal cord. According to a progress report dated 8/5/14, the patient reported he has had pain over the last several years beginning primarily in the left thoracic and lumbar spine area, iliac crest area, and left scapular area. He also complained of severe left shoulder pain. He has no pain on the right side of his body. He rated his overall pain level as 9/10. Objective findings: wheelchair bound right side sensation almost normal, left side has less sensation, left iliac crest area tender. Diagnostic impression: shoulder joint pain, lumbago, quadriplegic, spasms, chronic pain syndrome, and thoracic pain. Treatment to date: medication management, activity modification, physical therapy, intrathecal baclofen pump. A UR decision dated 9/18/14 modified the request for 3 cortisone steroid injections for left iliac crest. A specific rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Cortisone Steroid Injections for The Left Iliac Crest: 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 (IASHI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter - Intra-Articular Steroid Hip Injection.

Decision rationale: CA MTUS does not address this issue. According to ODG, intra-articular steroid hip injections are 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 is recommended as an option for short-term pain relief in hip trochanteric bursitis. Historically, using steroids to treat hip OA did not seem to work very well, at least not as well as in the knee. However, in the present case, there is no documentation that the patient has a diagnosis of hip osteoarthritis. There is no documentation in the reports reviewed that the patient has had a trial and failure of conservative treatment for his condition. In addition, this is a request for 3 injections. Authorization of additional injections would require documentation of functional improvement and pain relief from the previous treatment. Therefore, the request for 3 cortisone steroid injections for the left iliac crest was not medically necessary.