

Case Number:	CM14-0213875		
Date Assigned:	12/31/2014	Date of Injury:	04/18/2007
Decision Date:	02/25/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 female with an original date of injury of April 18, 2007. The industrial diagnoses include hip pain, chronic low back pain, lumbar degenerative disease, prior L5-S1 anterior posterior fusion, prior left T7 to T8 hemi-laminectomy and facetectomy, and recent hardware removal on May 30, 2014. Conservative treatments for the hip have included trigger point injections on multiple occasions in October 2014. The patient is being maintained on chronic opioids including hydrocodone and tramadol extended release. The disputed issue is a request for a left hip injection. A prior utilization review from October 2014 had modified this to a greater trochanteric bursa injection without fluoroscopy. The reviewer had felt that the patient's symptoms were more consistent with a greater trochanteric bursitis. The reviewer also felt that fluoroscopic guidance was not necessary. A more recent utilization review performed on December 15, 2014 had altogether non certified the request for left hip injection. The reviewer stated that it was unclear whether the patient had undergone the modified greater trochanteric bursa injection already. Additionally, the reviewer noted that the most recent clinical examination findings are more than one month old.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anesthetic and Steroid Injection under Fluoroscopic Guidance, 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 Chapter

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 hip steroid injection Topic.

Decision rationale: With regard to this request, the CA MTUS does not directly address hip injections. Therefore, the ODG Hip Chapter is referenced, which specify the following regarding intra-articular steroid hip injection: 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) Intraarticular glucocorticoid injection with or without elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. (Villoutreix, 2005) A survey of expert opinions showed that substantial numbers of surgeons felt that IASHI was not therapeutically helpful, may accelerate arthritis progression or may cause increased infectious complications after subsequent total hip arthroplasty. (Kasper, 2005) Historically, using steroids to treat hip OA did not seem to work very well, at least not as well as in the knee. 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. (Lambert, 2007) Corticosteroid injections are effective for greater trochanteric pain syndrome (GTPS) managed in primary care, according to a recent RCT. GTPS, also known as trochanteric bursitis, is a common cause of hip pain. In this first randomized controlled trial assessing the effectiveness of corticosteroid injections vs usual care in GTPS, a clinically relevant effect was shown at a 3-month follow-up visit for recovery and for pain at rest and with activity, but at a 12-month follow-up visit, the differences in outcome were no longer present. (Brinks, 2011). A review of the submitted medical documentation includes a recent progress note dated November 6, 2014. In the request for authorization subsection of the note, there is a request for trigger point injection of the left gluteal region for localized muscle spasm. There appears to be some discrepancy between this request and a hip injection request noted in the utilization review determination, and clarification is needed prior to an injection being authorized. A hip injection is an intra-articular injection into the hip joints, and there should be demonstration of osteoarthritis on x-rays per ODG prior to trailing this type of injection. No such x-rays are found in the submitted documents. If a trigger point injection is requested, it is not clear how fluoroscopy would benefit this situation as opposed to a modality in which muscles are directly visualized such as ultrasound. This request is not medically necessary.