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| <b>Case Number:</b>   | CM14-0213983 |                              |            |
| <b>Date Assigned:</b> | 12/31/2014   | <b>Date of Injury:</b>       | 06/12/2011 |
| <b>Decision Date:</b> | 02/28/2015   | <b>UR Denial Date:</b>       | 12/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 59 year old male who got injured on 6/12/2011. The mechanism of injury is not described in the medical records that are available to me. He is being managed for right hip pain. His MRI showed right hip osteoarthritis with undersurface detachment/ tear of the anterior superior labrum and tear of the posterior inferior labrum with associated full thickness cartilage injury and some chondral cyst formation in the posterior inferior acetabulum no definitive radiographic evidence of femoral-acetabular impingement, no evidence of avascular necrosis, On 5/1/2012 He received a corticosteroid injection, and he was seen 5/11/2012 and then again 6/19/2012 and on examination it was noted that overall his pain persisted despite the corticosteroid injection and the immediate relief from lidocaine. His imitations on the right lower extremity also persisted despite the injection. On 11/11/2014 he followed up with his treating physician for right hip pain, it was noted he had fluoroscopically guided injection earlier in the year on 8/20/2014 with about 2 weeks of relief, here today requesting repeat injection and discussion on right hip treatment. His physical exam of right hip exam limited secondary to pain, pain and tenderness localized to groin, greater trochanter with rotation, with resisted hamstring testing in the buttocks, with passive adduction/flexion/internal rotation, with resisted straight leg raise. Gait with cane. Neurovascular intact, active range of motion, limited range of motion/strength secondary to recent pain, sits to left buttock on chair for comfort, trouble getting up and down from chair for exam, cannot reach his shoes and sock on right, range of motion limited to 10 degrees internal and external rotation. His diagnoses include Joint pain-pelvis. Treatment plan included a request for right hip U/S guided cortisone and lidocaine challenge.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lidocaine challenge injection to the right pelvis: 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)- 12th edition, Treatment section for the hip and pelvis under the heading of Intraarticular steroid hip injections

**MAXIMUS guideline:** The Expert Reviewer 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

**Decision rationale:** The MTUS did not specifically address cortisone injections to the pelvis and therefore other guidelines were consulted. Per ODG cortisone 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. Recommended as an option for short-term pain relief in hip trochanteric bursitis. 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. 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. 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. A review of the injured workers medical records reveal that he has had fluoroscopically guided cortisone injections to his hip with lidocaine challenge and even though he responded to the lidocaine challenge he did not obtain any significant benefit from the cortisone injection. Therefore based on the guidelines and the fact that the injured worker has not responded well to the injections in the past the request for lidocaine challenge injection to the right pelvis is not medically necessary.

### **Cortisone injection under ultrasound guidance to the right pelvis: 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)- 12th edition, Treatment section for the hip and pelvis under the heading of Intraarticular steroid hip injections

**MAXIMUS guideline:** The Expert Reviewer 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

**Decision rationale:** The MTUS did not specifically address cortisone injections to the pelvis and therefore other guidelines were consulted. Per ODG cortisone 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. Recommended as an option for short-term pain relief in hip trochanteric bursitis. 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. 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. 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. A review of the injured workers medical records reveal that he has had fluoroscopically guided cortisone injections to his hip with lidocaine challenge and even though he responded to the lidocaine challenge he did not obtain any significant benefit from the cortisone injection. Therefore based on the guidelines and the fact that the injured worker has not responded well to the injections in the past the request for Cortisone injection under ultrasound guidance to the right pelvis is not medically necessary.