

Case Number:	CM14-0216493		
Date Assigned:	01/06/2015	Date of Injury:	10/24/2006
Decision Date:	03/04/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/26/2014

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 & Rehabilitation

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 76-year-old female with a work-related injury dated October 24, 2006. The accident resulted in bilateral lower back pain and right hip pain. In the physician's visit dated November 18, 2014, the worker was complaining of lower back pain and right hip pain. Pain was characterized as aching, sharp, tender and throbbing. Overall pain was rated a four on a scale of ten, three when taking pain medication and seven when not taking medication. Pain was reported to interfere with activities of daily living, difficulty walking/running, and loss of range of motion and low-back stiffness. Pain was further described as 60 percent low back and 40 percent leg pain. Exacerbation factors included bending/flexing, pulling/pushing, prolonged sitting/standing and walking. Physical exam was remarkable for peri-orbital edema of the left with tenderness to palpation, awkward gait, lumbar range of motion showed flexion, which was limited by 40 percent, extension limited by 50 percent, right rotation limited by 40 degrees and left rotation limited by 40 percent. There was mild tenderness along the bilateral lumbar and mild tight band, mild spasm and mild hyper-tonicity of the lumbar spine. Range of motion of the right hip was restricted to flexion 115 degrees and limited by pain and extension limited to 25 degrees also limited by pain. Diagnoses at this visit included hip bursitis, lumbar facet syndrome, lumbar radiculopathy, sacroiliitis bilateral and severe, hip pain, discogenic lumbar pain, lumbar spinal stenosis, muscle, ligament and fascia disorder and somatic dysfunction of the sacral region moderate. Treatment plan at this visit included continuation of home medications and a pain management visit for a right hip injection. Work restrictions at this visit were listed as retired. The utilization review decision dated December 3, 2014 non-certified the request for a pain

management visit for the purpose of right hip ultrasound guided injections. The rationale stated that the request did not meet the established standards of medical necessity based on the information submitted for review of this request. The request was not clear to what type of injection was being requested. It was not clear if the doctor was requesting a right greater trochanter bursa injection or if the doctor was requesting an intra-articular injection. The rationale was based on the ODG for Hip and Pelvis regarding Trochanteric bursitis injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip ultrasound guided injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis Chapter: Intra-articular steroid hip injection (IASHI)

Decision rationale: This patient presents with low back and right hip pain. The current request is for right hip ultrasound-guided injection. The ODG Guidelines has the following regarding Intra-articular steroid hip injection (IASHI) under the Hip & Pelvis chapter. 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. There is no documentation of prior hip injection found in the records reviewed. In this case, the patient has chronic right hip pain and has been diagnosed with trochanteric bursitis. The ODG guidelines recommend this injection as an option and the current request IS medically necessary.