MAXIMUS Federal Services

Case Number:	CM15-0015800		
Date Assigned:	02/03/2015	Date of Injury:	06/17/2006
Decision Date:	03/23/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/27/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 32 year old female, who sustained a work/ industrial injury on 6/17/06 due to a fall. She has reported symptoms of deep and aching pain in her left hip (L>R) and neck with headaches that radiated over the top of her head. Prior medical history was not documented. The diagnoses have included degeneration of the cervical disc, myalgia, trochanteric bursitis, degeneration of the lumbar intervertebral disc, pelvic hip pain, neck pain, and low back pain. Treatment to date has included diagnostics, physical therapy, chiropractic care, acupuncture, psychological care, lumbar epidural injections, cervical epidural injection, trigger point injection and bursa joint steroid injection on 10/27/14. An electromyogram and nerve conduction study (EMG/NCV) showed compressed nerve on the left elbow and radiculopathy at C5. An Magnetic Resonance Imaging (MRI) of the cervical spine on 11/11/10 revealed mild degenerative disc disease at C4-5 without significant stenosis, degenerative joint disease at C5-6, and mild central protrusion, degenerative joint disease at C6-7. The physical exam revealed decreased range of motion to the lumbar and cervical regions, negative leg raise test, negative Patrick and Pace test, and positive Tinel's test. Medications included Cyclobenzaprine, Ibuprofen, and Lidoderm patches. Plan was to continue medications and receive repeat left hip bursa injection to be administered at the office. On 1/13/15, Utilization Review non-certified Repeat left hip Bursa injection (to be done in the office), noting the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Left Hip Bursa Injection (to be done in the office): 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, Trochanteric bursitis injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hips and Pelvis (Acute and Chronic), Intra-articular steroid hip injection (IASHI)

Decision rationale: MTUS is silent regarding steroid hip injections ODG refers to Intra-articular steoid hip injection for "steroid injection." ODG 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." Medical records do not indicate that the patient has bilateral moderately advanced or severe OA or bilteral hip trochanteric bursitis. The patient also has received bilateral injection son 10/27/14 with some improvement and this would be too soon to perform another injection 6 weeks after the initial. As such, the request for Bilateral hip Epidural Steroid Injection is not medically necessary.