

Case Number:	CM15-0114843		
Date Assigned:	06/23/2015	Date of Injury:	06/01/2009
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 52-year-old man sustained an industrial injury on 6/1/2009 due to cumulative trauma. Evaluations include undated x-rays and electromyogram of the low back. Diagnoses include discogenic lumbar condition with facet inflammation and internal derangement of the bilateral hips. Treatment has included oral medications, bilateral hip injections, crutches, cane and walker to assist with ambulation, acupuncture, transforaminal epidural injections of the lumbar spine, and surgical intervention. Physician notes dated 5/19/2015 show complaints of left hip pain rated 5/10, right hip pain rated 7-9/10, depression, and difficulty sleeping. Recommendations include gadolinium scan of the bilateral hips, laboratory testing, left hip MRI, TENS unit with conductive garment, hot and cold wrap, left hip cortisone injection, Tramadol, Cialis, Naproxen, Protonix, Flexeril, and please send the operative report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sedrate, CRP and ESR QTY" 1.00: Upheld

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 Medscape Internal Medicine (2014).

Decision rationale: The sedimentation rate (sed rate or ESR) and C-reactive protein (CRP) are blood tests used to detect inflammation in the body. The ESR rate increases because of any cause or focus of inflammation. When an inflammatory process is present, fibrinogen enters the blood in high amounts and causes red cells to stick to each other, which raises the ESR. Moderate elevations are common in active inflammatory diseases. ESRs also can be very helpful in diagnosing and monitoring chronic pain patients. Even though the mechanism may be unclear, a patient with an elevated ESR should be assumed to have a chronic, inflammatory focus. Levels of CRP begin to rise within 2 hours of an insult, and have a half-life of about 18 hours. The rapid action of CRP makes it a participant in the acute or first phase of the inflammatory process, which is why it is often called an "acute-phase protein." Rapid, marked increases in CRP occur with a wide variety of disorders including infection, trauma, tissue necrosis, malignancies, and autoimmune disorders. While both are biomarkers for inflammation, ESR and CRP should be interpreted differently. Due to this basic physiologic difference, CRP is a more sensitive and accurate reflection of the acute phase of inflammation than is the ESR. The half-life of CRP is constant, so an elevated level is mainly determined by the rate of production and, hence, the severity of the precipitating cause. In the first 24 hours of a disease process, the ESR may be normal and CRP elevated. The CRP will return to normal, within a day or so, if the focus of inflammation is eliminated. The ESR will remain elevated for several days until excess fibrinogen is removed from the serum. In this case, the clinical picture of systemic disease has not been established. Medical necessity for these blood tests has not been established. The requested ESR and CRP are not medically necessary.

Gadolinium Scan of the right hip QTY: 1.00: Upheld

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 Official Disability Guidelines (ODG) Hip and pelvis, MRI and Other Medical Treatment Guidelines radiologyinfo.org.

Decision rationale: Gadolinium is the key component of the contrast material most often used in magnetic resonance imaging (MRI) exams. When this substance is present in the body, it alters the magnetic properties of near-by water molecules, which enhances the quality of the MRI images. This contrast material is less likely to produce an allergic reaction than the iodine-based materials used for x-rays and computed tomography (CT) scanning. In this case, there is no documentation that plain films of the right hip were obtained. In addition, there is no indication that this patient has an infection of the right hip. The medical necessity of the requested study has not been established. The requested study is not medically necessary.

MRI of the left hip without contrast QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, MRI.

Decision rationale: MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. Indications for MRI include osseous, articular or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries, and tumors. In this case, there is no documentation that plain films of the left hip were obtained. In addition, there is little evidence of any current pathology of the left hip on physical exam. The medical necessity of the requested study has not been established. The requested study is not medically necessary.

Cortisone injection under fluoroscopy for the left hip QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Intra-articular steroid hip injections (IASHI).

Decision rationale: Intra-articular steroid hip injections (IASHI) are not recommended in early hip osteoarthritis (OA). They are used as an option for short-term pain relief in hip trochanteric bursitis. A survey of expert opinions showed that a substantial numbers of surgeons felt that IASHIs were not therapeutically helpful, may accelerate arthritis progression or may cause increased infectious complications after subsequent total hip arthroplasty. In this case, there is no evidence that the patient has had moderate or severe hip osteoarthritis or trochanteric bursitis. Medical necessity for a cortisone injection under fluoroscopy for the left hip has not been established. The requested injection is not medically necessary.

Four Lead TENS Unit (indefinite use) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: According to the MTUS guidelines, the TENS unit is not recommended as a primary treatment modality. A one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based

functional restoration for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis. In this case, there is no evidence of subjective or objective findings that indicate neuropathy or radiculopathy. Medical necessity for the requested item has not been established. The requested TENS unit with a conductive garment is not medically necessary.

Conductive Garment QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: According to the MTUS guidelines, the TENS unit is not recommended as a primary treatment modality. A one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis. In this case, there is no evidence of subjective or objective findings that indicate neuropathy or radiculopathy. Medical necessity for the requested item has not been established. The requested TENS unit with a conductive garment is not medically necessary.