

<b>Case Number:</b>	CM15-0121258		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	01/19/1996
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Texas, New York, California  
 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 applicant is a represented 54-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of January 19, 1996. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve a request for two steroid injections and conditionally approved the request for a left hip labral tear evaluation as an office visit for left hip labral tear evaluation. Non-MTUS ODG guidelines were invoked in the determination. The claims administrator referenced a June 4, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 7, 2015, both an office visit and a steroid injection were sought. On June 15, 2015, the applicant underwent a left hip corticosteroid injection under fluoroscopy. It was suggested that the request in question represented a repeat steroid injection. On an RFA form dated June 4, 2015, two steroid injections and a left hip labral tear evaluation were sought. In an associated work status report of the same date, June 4, 2015, the applicant was given a 20-pound lifting limitation. The note was sparse, thinly developed, handwritten, and difficult to follow. The applicant was given diagnosis of hip bursitis versus hip labral tear versus tibialis anterior tendinitis. It was not clearly stated whether the applicant was or was not working with said 20-pound lifting limitation in place. In a separate narrative report dated June 4, 2015, the applicant reported ongoing complaints of left lower extremity pain attributed to a labral tear versus trochanteric bursitis versus intraarticular hip pain. The applicant also had issues with tibialis anterior tendinitis superimposed on the same. The applicant was described as having ongoing complaints of hip pain status post multiple corticosteroid injections in the hip region. The applicant had also

received tibialis anterior injections. Tenderness about the groin, lateral hip and trochanteric bursa regions was appreciated. The applicant exhibited a visibly antalgic gait. A repeat steroid injection was sought in the trochanteric bursa region. The applicant received a left tibialis anterior tendon sheath injection in the clinic setting. A 20-pound lifting limitation was endorsed. It was not explicitly stated whether the applicant was or was not working with said limitation in place. On March 19, 2015, the applicant received a previous hip corticosteroid injection. On May 23, 2015, the applicant was described as permanent and stationary. Severe left lower extremity pain complaints were reported. Duragesic, Nucynta, Zofran, Belsomra, Benadryl, Lidoderm, MiraLax, and Tegaderm patches were endorsed. It did not appear that the applicant was working with the aforementioned permanent limitations in place, although this was not explicitly stated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Steroid Injection, Qty 2: 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 - Intra articular steroid hip injections (IASHI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48-49. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hip and Groin Disorders, pg. 1771.

**Decision rationale:** No, the request for two hip corticosteroid injections was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, steroid injections are deemed "optional." The MTUS Guideline in ACOEM Chapter 3, page 48 further notes that injections of corticosteroids should be reserved for applicants who do not improve with more conservative therapy as steroids can weaken tissues and predispose to injury. While the Third Edition ACOEM Guidelines do recommend trochanteric bursa corticosteroid injections as a treatment option for applicants with chronic trochanteric bursitis, as was/is present here, ACOEM qualifies this position by noting that indications for discontinuation include an applicant's failure to gain significant benefits with said injections. Here, the applicant had, in fact, failed to profit from multiple prior hip corticosteroid injections, it was acknowledged above, including as recent as March 2, 2015. The applicant did not appear to be working following imposition of permanent work restrictions. The applicant's 20-pound lifting limitation was seemingly renewed, unchanged, from visit to visit. Receipt of multiple hip corticosteroid injections failed to reduce the applicant's dependence on opioid medications to include Duragesic and Nucynta, it was acknowledged on May 27, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of multiple prior hip corticosteroid injections. Therefore, the request for two steroid injections to the hip region was not medically necessary.

