

Case Number:	CM15-0125753		
Date Assigned:	07/10/2015	Date of Injury:	05/23/2000
Decision Date:	08/06/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 81 year old man sustained an industrial injury on 5/23/2000. The mechanism of injury is not detailed. Diagnoses include lumbar pain with radiculopathy, sacroiliitis, left hip pain, and Parkinson's disease. Treatment has included oral medications, use of a cane, and epidural steroid injection. Physician notes dated 6/5/2015 show complaints of low back pain, left sacroiliac joint pain, and left hip pain with radiation down to the left knee and lower extremity weakness. Recommendations include left hip intra-articular injection and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left hip intra-articular injection with fluoroscopy: 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 (Acute & chronic): intra-articular steroid hip injection) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip (Acute & Chronic), Intraarticular steroid hip injection (IASHI).

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for low back, left sacroiliac joint, and left hip pain. He has a history of Parkinson's disease and a multilevel lumbar fusion including to the sacrum. When seen, he was having difficulty with left hip range of motion and was using a cane. There was pain with left hip range of motion. A trial of a left intra-articular hip injection was requested. An intra-articular steroid hip injection is not recommended in early hip osteoarthritis (OA) and is under study for moderately advanced or severe hip OA. In this case, whether the claimant has osteoarthritis of the hip is unknown as there were no submitted x-ray findings. It is also unclear whether this is intended to be a diagnostic versus therapeutic procedure. The request cannot be considered medically necessary.