MAXIMUS Federal Services

Case Number:	CM15-0128803		
Date Assigned:	07/15/2015	Date of Injury:	03/13/2015
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/03/2015

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: 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:

The injured worker is a 54 year old female, who sustained an industrial injury on 3/13/15. The injured worker was diagnosed as having lumbar sprain/strain, lumbago, and hip pain. Treatment to date has included a Toradol injection, physical therapy, aquatic therapy, a home exercise program, and medication. Physical examination findings on 5/27/15 included painful range of motion with internal and external rotation of the hip. A MRI revealed a mild effusion. Currently, the injured worker complains of back pain, left hip pain, and left leg pain. The treating physician requested authorization for 1 intra-articular corticosteroid injection to the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 intra-articular corticosteroid injection to the hip (left): 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 (Acute & Chronic).

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 chapter on Intra-articular steroid hip injection.

Decision rationale: The patient presents with pain in the back radiating to the LEFT lower extremity, LEFT hip and LEFT leg rated 4/10. Patient states her pain is 50% in the low back, and 50% in the hip/groin. The request is for 1 INTRA-ARTICULAR CORTICOSTEROID INJECTION TO THE HIP (LEFT). The request for authorization is dated 06/11/15. MRI of the LEFT hip, 04/15/15, shows mild LEFT hip effusion; mild edematous change within the LEFT obturator externus muscle; no bony abnormalities identified. Physical examination reveals tenderness to palpation over lumbar-sacral spine, pain with extension past neutral, and pain in the L4/L5 disctribution on the LEFT. 5/5 lower extremity strength bilaterally, hip tenderness in the LEFT hip, and painful range of motion of the hip with internal and external rotation. Bilateral lower extremity sensation intact bilaterally, except for the LEFT L4 dermatome decreased sensation to light touch. She feels walking and putting pressure on the LEFT hip aggravates the pain. She has had aquatherapy. The patient has not received any interventional treatments for the pain to date. Patient's medications include Latuda, Adderall, Tramadol, and Aleve. Per work status report dated 07/13/15, the patient is on modified work. ODG Guidelines under the Hip and Pelvis chapter on Intra-articular steroid hip injection 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." Per progress report dated 06/24/15, treater's reason for the request is "for therapeutic purposes. The patient has not responded to conservative care, including rest, NSAIDs, and PT." Review of provided medical records do not show any previous Intra-articular CSI of the LEFT hip. The 05/27/15 and 06/24/15 progress reports note LEFT hip tenderness and painful range of motion of the hip. No other findings of the LEFT hip were noted. In this case, the ODG guidelines do not recommend Intra-articular steroid hip injection for early hip osteoarthritis. MRI of the hip joint does not describe significant hip arthritis for which a trial of hip injection may be indicated. The request IS NOT medically necessary.