

Case Number:	CM15-0170718		
Date Assigned:	09/11/2015	Date of Injury:	06/17/2011
Decision Date:	10/09/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/31/2015

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, Florida, 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 injured worker is a 48-year-old male, who sustained an industrial injury on June 17, 2011, resulting in pain or injury to the low back and left knee. Currently, the injured worker reports neck pain that radiates down the bilateral upper extremities, right greater than left, with intermittent tingling and numbness, low back pain that radiates down the bilateral lower extremities, persistent right hip pain, and severe constipation. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain, disc displacement of the cervical spine, cervical radiculitis, cervical radiculopathy, status post cervical spinal fusion, lumbar radiculitis, lumbar radiculopathy, bilateral elbow pain, bilateral hand pain, left knee pain, bilateral shoulder pain, status post bilateral carpal tunnel release, constipation secondary to opiates, myofascial pain syndrome, and status post cervical fusion. The Treating Physician's report dated July 6, 2015, noted the injured worker rated his pain as 7 out of 10 in intensity on average since the previous visit with medications and 10 out of 10 in intensity on average without medications since the previous visit. The injured worker reported his pain as unchanged since the previous visit. Physical examination was noted to show cervical spine vertebral tenderness at C4-C7 with limited range of motion (ROM), and decreased sensation in the bilateral upper extremities. Tenderness to palpation was noted at the right wrist with moderate swelling noted in the right hand. The Physician noted the injured worker had considerable persistent right hip pain with negative impact on function and failed conservative treatments, with the request for a right hip steroid injection. The physical exams, dated June 8, 2015, and July 6, 2015, revealed the injured worker's right hip pain was compensable per the injured

worker due to the right hip being used for a bone graft for the cervical spine. Neither dates included examination findings of the right hip. On April 14, 2015, a bilateral hip examination was noted to show no tenderness, crepitation, instability, soft-tissue swelling, ecchymosis, surgical scars, contracture or erythema, with a negative Patrick test bilaterally. The treating physician indicates that a cervical spine CT scan from May 20, 2013, showed straightening of the cervical spine curvature suggesting muscle spasm with multilevel degenerative changes with stenosis. A MRI of the thoracic spine dated February 18, 2013, was noted to show mild degenerative changes from T6-T7 to T8-T9. A lumbar spine MRI dated February 18, 2013, was noted to show straightening of the lumbar spine curvature suggesting muscle spasms and mild to moderate multilevel degenerative changes. Prior treatments have included a TENS unit noted to be helpful, Toradol injection with pain relief noted, and medication including the current medications of Butrans patch, Gabapentin, Senokot-S., Tizanidine, and Norco. The injured worker's work status was noted to be currently not working. The request for authorization dated July 27, 2015, requested a steroid injection for the right hip joint. The Utilization Review (UR) dated August 7, 2015, non-certified the request for a steroid injection for the right hip joint, as the medical necessity had not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection right hip joint: 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 section, injections.

Decision rationale: This claimant was injured in 2011, resulting in pain or injury to the low back and left knee. Diagnoses include chronic pain, disc displacement of the cervical spine, cervical radiculitis, cervical radiculopathy, status post cervical spinal fusion, lumbar radiculitis, lumbar radiculopathy, bilateral elbow pain, bilateral hand pain, left knee pain, bilateral shoulder pain, status post bilateral carpal tunnel release, constipation secondary to opiates, myofascial pain syndrome, and status post cervical fusion. There is no mention of hip osteoarthritis, or hip labral tears. The Physician noted however, the injured worker had considerable persistent right hip pain with negative impact on function and failed conservative treatments. Reports do not include examinations of the hip. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding hip injections, the ODG notes: Corticosteroid injections are effective for greater trochanteric pain syndrome (GTPS) managed in primary care, according to a recent RCT. GTPS, also known as trochanteric bursitis, is a common cause of hip pain. In this first randomized controlled trial assessing the effectiveness of corticosteroid injections vs. usual care in GTPS, a clinically relevant effect was shown at a 3-month follow-up visit for recovery and for pain at rest and with activity, but at a

12-month follow-up visit, the differences in outcome were no longer present. (Brinks, 2011)
In this case, however, there is no physical examination of the hip confirming what physical diagnosis is present. There is no mention of hip osteoarthritis, or hip labral tears. It is not clear whether or not this is a trochanteric injection that might respond, or more important, if there is a trochanteric bursitis. The request was appropriately not medically necessary.