

<b>Case Number:</b>	CM15-0076235		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 46 year old male with an industrial injury dated November 22, 2011. The injured worker's diagnoses include cervical sprain/strain, cervical discopathy C5-C6, right shoulder partial rotator cuff tear with tendinosis, lumbar discopathy L4-L5 and right hip osteoarthritis. Treatment consisted of Magnetic Resonance Imaging (MRI) of lumbar spine /cervical spine/pelvis/right shoulder, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 2/09/2015, the injured worker reported lower back pain with radiation to the top of crest and bilateral thighs. The injured worker also reported neck pain and right shoulder pain. Cervical spine exam revealed bilateral paraspinal tenderness C4-C7 and tenderness in bilateral upper trapezius, decrease cervical range of motion and decrease motor in right deltoid and right bicep. Lumbar spine exam revealed tenderness at L4-L5, L5-S1 and superior iliac crest and decrease lumbar range of motion. Right hip exam revealed tenderness in the iliac crest, sacroiliac (SI) joint and posterior superior iliac spine and decrease range of motion. Right shoulder exam revealed tenderness to palpitation. The treatment plan included evaluation by orthopedic specialist and intra articular hip injection to right side. The treating physician prescribed services for monitored anesthesia care and universal pain management (add on procedure for already certified Intra articular Right hip injection) now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monitored anesthesia care and universal pain management (Add on procedure for already certified Intra articular Right hip injection):** Overturned

**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 chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. Intra-articular hip injection.

**Decision rationale:** MTUS guidelines do not address this request, and therefore ODG guidelines were referenced. The ODG notes regarding intraarticular hip injections, "Fluoroscopically guided steroid injection may be effective." According to the submitted medical records, this procedure was already approved as of 3/4/2015. Now, utilization review has not certified a request for monitored anesthesia care and universal pain management. If this procedure is going to be performed, it seems medically reasonable and necessary to have monitored anesthesia and universal pain management for a fluoroscopically guided hip steroid injection. Likewise, utilization review's decision is over turned, and this request is considered medically necessary.