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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jul/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right Hip Arthrogram with Post CT Scan and Bilateral SI Joint Injections

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Orthopedic Surgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[ ] Upheld (Agree)
[X] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who sustained work related injury to her right hip on xx/xx/xx when she lost her balance and heard a pop in her right hip. The claimant was initially diagnosed and treated for a right hip sprain/strain. Her complaints of right hip pain have continued and she began to also complain of low back pain and sacroiliac joint pain. The claimant also reported that she was depressed and had anxiety. On examination the claimant had pain on palpation at L5-S1 at the right paravertebral area, decreased range of motion and a positive straight leg raise on the right. She had pain on palpation at the right posterior lateral greater trochanter and limited painful motion. She had decreased motor strength in her right leg and foot and her patellar reflex on the right was 1+ as compared to 2+ on the left. Achilles reflex was 1+ bilaterally. When the claimant saw Dr. on 03/31/11, she tested positive for piriformis syndrome on the right. X-rays done that day of her pelvis and low back showed arthritis of the facet joints and the sacroiliac joint. Dr gave her 2 injections to her right hip trochanteric bursa on 04/28/11, which reduced her pain level by 50 percent. Dr. recommended a right hip arthrogram, CT scan of her lumbar and bilateral sacroiliac joint injections. These were noncertified in a peer review dated 05/26/11 because the claimant had reached maximal medical improvement and had an impairment rating completed and she was severely de-conditioned. When the claimant saw Dr. on 06/27/11, she continued to complain of right hip pain with restricted range of motion as well as pain to the upper and lower back. She reported that her back pain now radiated to both lower extremities to her heels and toes with tingling. A second peer review on 06/28/11 noncertified the right hip arthrogram, CT scan and bilateral SI injections for lack of clinical information to support imaging studies and lack of physical findings to suggest the sacroiliac joints as a pain generators.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The reviewer finds there is a medical necessity for Right Hip Arthrogram with Post CT Scan and Bilateral SI Joint Injections

This claimant has undergone diagnostic injection, which reportedly diminished the claimant's pain level by fifty percent, suggesting an intraarticular cause of the claimant's symptoms. The claimant has previous mechanical symptoms and has had pain that may be consistent with a labral tear. Though the claimant, the records do not indicate the claimant has significant arthritic change that would contraindicate a diagnostic study for a symptomatic labral tear. Specifically, the records indicate the claimant has well maintained joint space on radiographs. Accordingly, the request for Right Hip Arthrogram with Post CT Scan and Bilateral SI Joint Injections for this patient is medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates. Hip and Pelvis.

Arthrography

Recommended for suspected labral tears. (American, 2003) Arthrography gains additional sensitivity when combined with CT in the evaluation of internal derangement, loose bodies, and articular cartilage surface lesions. (Colorado, 2001) Magnetic resonance (MR) arthrography has been investigated in every major peripheral joint of the body, and has been proven to be effective in determining the integrity of intraarticular ligamentous and fibrocartilaginous structures and in the detection or assessment of osteochondral lesions and loose bodies in selected cases. (Sahin, 2006) A combination of MR arthrography and a small field of view is more sensitive in detecting labral abnormalities than is conventional MRI with either a large or a small field of view. (Toomayan, 2006) (Temmerman, 2005) One meta-analysis recommends subtraction arthrography over contrast arthrography for detection of loosening of total hip prostheses, especially for evaluation of the femoral component. (Temmerman2, 2005)

Intra-articular steroid hip injection (IASHI)

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. (Brinks, 2011) Intraarticular glucocorticoid injection with or without elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. (Villoutreix, 2005) A survey of expert opinions showed that substantial numbers of surgeons felt that IASHI was not therapeutically helpful, may accelerate arthritis progression or may cause increased infectious complications after subsequent total hip arthroplasty. (Kasper, 2005) Historically, using steroids to treat hip OA did not seem to work very well, at least not as well as in the knee. However, the hip joint is one of the most difficult joints in the body to inject accurately, and entry of the therapeutic agent into the synovial space cannot be ensured without fluoroscopic guidance. Fluoroscopically guided steroid injection may be effective. (Lambert, 2007) 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) See also Sacroiliac joint blocks; Sacroiliac joint radiofrequency neurotomy; Trochanteric bursitis injections; & Intra-articular growth hormone (IAGH) injection.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES [

] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)