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**Date notice sent to all parties:** 04/11/16

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Right hip injection

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified in Anesthesiology  
Fellowship Trained in Pain Management

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Right hip injection – Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

A lumbar MRI dated XX/XX/XX revealed lower thoracic and lower lumbar spondylosis and particularly noteworthy stenosis of the spinal canal or neural foramina was not apparent. A minimal disc protrusion was noted at L5-S1 with slight relative narrowing of the spinal canal. Another lumbar MRI was obtained on XX/XX/XX. This study was compared to the XX/XX/XX study. There was early lower lumbar spondylosis with possible impingement of the bilateral descending L5 and S1 nerve roots. The remainder of the examination was noted to be stable. XX performed a lumbar ESI at L4-L5 on XX/XX/XX. The pre and postoperative diagnoses were lumbar radiculopathy, cervical facet syndrome, and osteoporosis. XX then performed bilateral L4-L5 and L5-S1 facet injections

with arthrogram. The postoperative diagnoses were unchanged. XX then performed another lumbar ESI on XX/XX/XX. The pre and postoperative diagnosis was lumbar radiculopathy. It was noted she had an ESI three to four months prior with excellent results with 40% relief, mainly in the low back, but she still had right leg numbness and right groin pain. On XX/XX/XX, presumably XX reevaluated the patient. She noted she had right leg numbness intermittently in XX, but in XX after placing suitcases in her car, she felt a pop in her back, which made her right leg numb. She had constant radiation of pain down the right lower extremity. She had pain in her neck, headaches, and tingling hands. She had recently been diagnosed with severe osteoporosis. She noted she was much better following the injections provided previously, but her right leg was still numb and she could not abduct her right hip. She was 5 feet 1 inch tall and weighed 160 pounds. She had lumbosacral tenderness, limited ROM, and straight leg raising was positive on the right at 40 degrees. She also had cervical paraspinal tenderness. She was referred to XX and a right hip MRI was recommended, which was performed on XX/XX/XX. There was degenerative type tearing of the superior and anterosuperior labrum and signal heterogeneity and low grade chondral changes of the femoroacetabular cartilage. There was minimal tendinosis and peritrochanteric edema of the gluteus minimus tendon insertion. On XX/XX/XX, XX requested a right hip injection and C4-C5 and C5-C6 bilateral facet injections. On XX/XX/XX, XX provided an adverse determination for the requested right hip injection and C4-C5 and C5-C6 bilateral facet injections. XX examined the patient on XX/XX/XX for a presumed labral tear. She had persistent pain in her right hip with clicking, catching, popping, and locking pain, which had become extremely debilitating. She had an antalgic gait and the right hip MRI was reviewed. She had tenderness of the right anterior hip capsule and a positive anterior impingement syndrome. She had pain with ROM and tenderness over the greater trochanter and piriformis posteriorly. She had pain in the hip with attempted SLR. She denied any paresthesias distally. The assessments were a right hip sprain and joint derangement. It was felt the patient was a candidate for an ultrasound guided steroid injection into the right hip. On XX/XX/XX, the right hip injection was again requested. On XX/XX/XX, XX provided another adverse determination for the requested right hip injection. On XX/XX/XX, a request for an IRO was submitted.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The ODG guidelines clearly state that right hip steroid injections are indicated for the treatment of advanced osteoarthritis. There is no objective evidence of this patient having such a condition. Moreover, her continuing symptoms of low back pain radiating into the right leg with numbness are not consistent with hip pathology. She does not have consistent pain symptoms, as evidenced by the most recent visit with XX, in which entirely new symptoms, as well as the old symptoms of low back and right lower extremity pain and numbness, were now

being expressed. Therefore, based upon the ODG guidelines regarding right hip steroid injections, the lack of consistency in the patient's pain complaints, and there being no valid medical indication for treatment of lumbar radiculopathy by steroid injections of the hip, the request for a right hip injection is not medically reasonable or necessary. Therefore, the previous recommendations for non-authorization are upheld at this time.

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

- ACOEM- AMERICAN 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
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- 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)