MAXIMUS Federal Services

Case Number:	CM13-0009762		
Date Assigned:	06/06/2014	Date of Injury:	12/09/2012
Decision Date:	07/11/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 this 60 year-old female sustained an injury on 12/9/2012. Mechanism of injury is not listed. There are ongoing complaints of back pain over the left SI joint. Review of the most recent medical records demonstrates the following physical exam findings: tenderness to palpation over the left sacroiliac joint; no tenderness at the hip; no tenderness of the lumbar spine; range of motion normal without pain. Motor strength was 5/5 in the lower extremities bilaterally. Neurological exam; ankle/knee-jerk reflexes 0 bilaterally. Sensation was intact in the lower extremities bilaterally; negative straight leg raise test bilaterally; normal heel to toe emulation. Plain radiographs of the pelvis dated 5/7/2013 show subchondral sclerosis with small osteophyte at left hip; no fracture or dislocation. CT of the lumbar spine dated 3/12/2013 showed mild canal stenosis at L3/4, osteoarthritic changes for the posterior elements from L3 to S1, a transition L5 vertebral body with right-sided a transverse process which articulates with the sacrum and exhibits osteoarthritic changes. Previous treatment includes a left greater trochanter bursa hip steroid injection on 5/24/2013, a lumbar epidural steroid injection, physical therapy and medications to include Anaprox, Ultram, and Celebrex. Diagnosis listed include: sciatica, congenital spondylolisthesis, lumbar spondylosis, lumbar spinal stenosis, sacroiliac joint pain. The request has been made to repeat the greater trochanter bursa injection under ultrasound guided.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT HIP GT BURSA INJECTION TIMES 1 UNDER ULTRASOUND GUIDED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation article "Greater Trochanter bursitis pain syndrome in females with chronic low back pain and sciatica" by Sayegh F Potoupnis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: California Medical Treatment Utilization Schedule (CAMTUS) guidelines support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. Review of the medical records from July 2013 to January 2014 document tenderness over the left sacroiliac joint and without tenderness to the hip and greater trochanter bursa. Furthermore, there is no documentation of improvement after the first hip injection on 5/24/2013. The request is not considered medically necessary.