

Case Number:	CM13-0017784		
Date Assigned:	10/11/2013	Date of Injury:	03/27/2008
Decision Date:	01/30/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 physician 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 patient is a 60-year-old female who reported an injury on 03/27/2008 after squatting down and bending forward, then twisting to stand, reportedly causing injury to the low back. The patient underwent electrodiagnostic studies that reported no evidence of any lumbosacral plexopathy or peripheral neuropathy; however, there was mild to moderate right lumbosacral radiculopathy at the S1 level. The patient underwent an MRI that revealed a posterior disc bulge at the L4-5, facet arthropathy between L2-3 through L5-S1, and moderate to severe degenerative disc disease at the L4-5 with evidence of a right laminectomy at the L4-5. Prior treatments included diagnostic medial branch blocks at the right L3-5, right sacroiliac joint injection, and right L4-5 transforaminal epidural steroid injection. The patient's most recent clinical evaluation noted that the patient had moderate tenderness at the left lower lumbar paraspinal musculature and right lumbar paraspinal musculature over the facets at the L4-5 level, right sacroiliac joint and right-sided greater trochanter. Lumbar range of motion was described as 75% of normal in flexion and 25% or normal in extension with positive bilateral straight leg raising tests, and a positive left facet loading SI joint test, and a positive facet loading SI joint test on the right. The patient's diagnoses included L4-5 degenerative disc disease and facet arthropathy, lumbar radiculopathy, lumbar degenerative disc disease, and spinal stenosis. The patient's treatment plan included diagnostic injections of the sacroiliac joint, of the right hip joint, facet injections at the L4-5, and injections of the trochanter bursal on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI joint injection QTY: 1: Upheld

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 & Pelvis, Criteria for sacroiliac blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter

Decision rationale: Right sacroiliac joint injection quantity: 1 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence of 1 examination finding to support sacroiliac-generated pain. However, Official Disability Guidelines recommend documentation of at least 3 positive examination findings to support sacroiliac joint involvement. Additionally, Official Disability Guidelines do not recommend that a sacroiliac joint block be performed on the same day as a facet joint injection or medial branch block. As the request includes several diagnostic blocks, and Official Disability Guidelines do not recommend multiple diagnostic blocks at 1 visit, the sacroiliac joint block would not be medically necessary or appropriate.

IASI (intra-articular steroid injection) right hip joint Lidocaine (LIDO) only diagnostic injection QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hip and Pelvis Chapter, Intra-articular steroid hip injection (IASHI).

Decision rationale: The requested intra-articular steroid hip injection is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence of hip osteoarthritis that would possibly respond to an intra-articular hip injection. Official Disability Guidelines do not recommend this in the early hip osteoarthritic stage; and determines that it is under study for moderately advanced or severe hip osteoarthritis. As there is no documentation to support that this patient has any trochanter hip bursitis or osteoarthritis involvement, an intra-articular steroid hip injection would not be medically necessary or appropriate.

Facet injection L4-5 (right) QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Pain, Criteria for diagnostic blocks for facet mediated pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections)

Decision rationale: The requested facet injections at the right L4-5 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has facet-mediated pain. However, Official Disability Guidelines recommend repeat medial branch blocks be based on significant functional improvement and pain relief, and in anticipation of a facet rhizotomy. The clinical documentation submitted for review does provide evidence that the patient previously underwent a right medial branch block. The findings from that previous diagnostic block were not submitted for review. Additionally, there is no documentation that the patient is a candidate for facet rhizotomy. As such, the requested facet injection at the right L4-5 is non-certified.

Trochanter bursal injection right side QTY: 1: Upheld

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 & Pelvis-Trochanteric bursitis injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Intra-articular steroid hip injection (IASHI)

Decision rationale: The greater trochanter bursa injection is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence of hip osteoarthritis that would possibly respond to a greater trochanter bursa injection. Official Disability Guidelines do not recommend this in the early hip osteoarthritic stage; and determines that it is under study for moderately advanced or severe hip osteoarthritis. As there is no documentation to support that this patient has any trochanter hip bursitis or osteoarthritis involvement, a greater trochanter bursa injection would not be medically necessary or appropriate.