

Case Number:	CM13-0023290		
Date Assigned:	03/14/2014	Date of Injury:	04/12/2013
Decision Date:	05/21/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/16/2013

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 Occupational Medicine, 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:

This is a 47 year old male patient s/p injury 4/12/13. The patient has presented with back and ischial pain. There was tenderness over the left ischium. A 2/10/14 progress note only identifies that the patient has low back pain that radiates down the lateral lower extremity with numbness and tingling. It is aggravated by sitting on hard surfaces. A progress note from 11/8/13 identified a physical exam with findings that included negative Patrick/Gaenslen's, negative pace/Freiberg, tenderness along the left IL/GF nerve, tenderness to palpation of tip of coccyx. A 10/18/13 note stated that the patient had tenderness over the left ischium and that a recommendation was made for cortisone injections to include the lumbosacral spine, ischium, and coccyx. An AME report from 8/9/13 stated that the patient has been previously diagnosed with coccygodynia and sacroilitis and was provided a cortisone injection to the coccyx and left SI joint 6/18/13. He has been treated in the past with activity modification, medication, physical therapy, cortisone, acupuncture, and trigger point injections with minimal benefit. There is a previous adverse determination due to lack of documentation of additional subjective findings, objective findings, imaging findings, aspiration, and failure of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

CORTISONE INJECTIONS, ISCHIUM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, PAIN INJECTIONS GENERAL; OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: AAOS HIP BURSITIS CHAPTER.

Decision rationale: The ODG state that pain injections are consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work. Repeat pain and other injections not otherwise specified in a particular section in the ODG should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. The AAOS states that injection of a corticosteroid along with a local anesthetic may also be helpful in relieving symptoms of hip bursitis. However, there remains no clear evidence of additional subjective findings, objective findings, imaging findings, aspiration of the area, or clear description of conservative care directed at the left hip complaints to establish the medical necessity of this request. Therefore, the request is not medically necessary and appropriate.