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| Case Number: | CM13-0025013 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 09/29/2011 |
| Decision Date: | 02/14/2014 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 09/17/2013 |

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, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois 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 63-year-old male who reported an injury on 09/29/2011. The patient was diagnosed with degenerative disc disease with back pain and radicular pain in the right leg. He underwent an epidural steroid injection on 07/23/2013. The patient stated he receive some relief from the ESI, but not very much. He continues to have pain in his right hip, bilateral buttocks, and leg with numbness and burning sensation in his low back. The medical evaluation summary dated 10/26/2013 stated the patient has sleeping difficulties and reported awakening secondary to pain during the night with difficulty falling asleep and finding a comfortable sleeping position. The patient has undergone surgery for his right wrist, left knee, and left shoulder twice. He has also been diagnosed with diabetes, hypertension, and hypercholesterolemia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint (SI) Joint: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Sacroiliac joint blocks.

Decision rationale: Under Official Disability Guidelines, it states sacroiliac joint blocks are recommended as an option if failed at least 4 to 6 weeks of aggressive conservative therapy as indicated below. This includes physical therapy, home exercise, and medication management. Patients should also have a history and physical suggesting the diagnosis (with documentation of at least 3 positive exam findings). Diagnostic evaluation must first address any other possible pain generators. Although the documentation notes the patient has undergone physical therapy prior to his injury date, there is nothing post injury indicating he has participated and failed in at least 4 to 6 weeks of aggressive conservative therapy. It further states there is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least 6 weeks of a comprehensive exercise program), local icing, mobilization/manipulation, and anti-inflammatories (as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. Without having sufficient evidence that the patient has undergone an intensive comprehensive exercise program prior to this request, the medical necessity for a right sacroiliac joint cannot be established at this time. As such, the requested service is non-certified.

Piriformis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Piriformis injections.

Decision rationale: Under Official Disability Guidelines, it states a piriformis injection is recommended for piriformis syndrome after a 1 month physical therapy trial. Piriformis syndrome is a common cause of low back pain and accounts for 6% to 8% of patients presenting with buttock pain which may variably be associated with sciatica, due to compression of a sciatic nerve by the piriformis muscle (behind the hip joint). The documentation dated 09/30/2013 does note the diagnosis for the patient at that time was right sacroiliitis and right piriformis syndrome. However, the documentation does not provide a thorough overview of the patient's previous conservative treatments to include physical therapy prior to requesting this service. As such, the requested service cannot be warranted at this time.

Trochanteric Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Trochanteric bursitis injections.

Decision rationale: Under Official Disability Guidelines, it states trochanteric bursitis injections are recommended when a patient has gluteus medius tendinosis, tears, and trochanteric bursitis/pain or symptoms that are often related and commonly correspond with shoulder tendinosis and subacromial bursitis, though there is no evidence of a direct correlation between the hip and the shoulder. It further states steroid injections should be offered as a first-line treatment of trochanteric bursitis, particularly in older adults. Therefore, with the patient's history of having trochanteric bursitis in the right hip, the medical necessity for a trochanteric bursitis injection would be appropriate for this patient. As such, the requested service is certified.