MAXIMUS Federal Services

Case Number:	CM13-0025797		
Date Assigned:	11/20/2013	Date of Injury:	11/30/2010
Decision Date:	07/30/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/18/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in 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 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 patient 55-year-old with injury date of November 30, 2010. While pushing a wheelchair, she experienced pain in the right hip/gluteal region and low back. A UR report dated September 6, 2013 certified. The request for greater trochanteric injection was modified to allow the injection without fluoroscopic guidance. The request for right hip MRI, SI arthrogram, right SI joint steroid injection, piriformis injection, were all noncertified. A June 12, 2012 electrodiagnostic study of the bilateral upper extremities revealed no electrical evidence of a neuromuscular disease, radiculopathy or plexopathy. According to the most recent progress report, dated August 29, 2013, the patient is followed for low back pain. It is noted that she was seen by a physician on June 11, 2013, who recommended treatment with injections to all of the areas of pain. Pain was rated 7/10. Physical examination documented antalgic gait favoring the right lower extremity, pain with palpation over the right facet joint, SI (scroiliac) joint, gluteal region, greater trochanteric and sciatic area. Lumbar range of motion was 90 flexion, 15 extension and right lateral rotation, and 30 left lateral rotation, motor strength 5/5 in bilateral lower extremities, sensation intact, and reflexes 2/4 bilaterally. Axial rotation positive to the right for pain and SI joint compression testing is indicated as positive. Assessment is low back pain. Medications were Voltaren XR and co-packs. Right hip MRI was requested and recommendations were for SI arthrogram and right SI joint steroid injection with piriformis and greater trochanteric injections. Work status was TTD.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT HIP: 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), Hips & Pelvis, MRI (magnetic resonance imaging).

Decision rationale: The CA MTUS/ACOEM guidelines do not speciffically discuss the issue in dispute. According to the ODG, this procedure is recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. In this case, this patient is more than 3 years post date of injury, she experienced pain while pushing an empty wheelchair. There is no documentation of any hip/pelvis exam or any prior plain film imaging was performed. There is no evidence of any red flag diagnosis. Thus, the medical necessity of SI arthrogram has not been established in accordance with the guidelines. The Furthermore, the patient had been authorized a right greater trochanteric injection. However, the outcome of the procedure has not been provided. The medical records do not provide a recent examination, including patient response to the authorized injection procedure. The request for an MRI of the right hip is not medically necessary or appropriate.

SI ARTHROGRAM: 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), Hips & Pelvis, Arthrography.

Decision rationale: The CA MTUS/ACOEM guidelines do not speciffically discuss the issue in dispute. According to the ODG, this procedure is recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. In this case, this patient is more than three years post date of injury, she experienced pain while pushing an empty wheelchair. There is no documentation of any hip/pelvis exam or any prior plain film imaging was performed. There is no evidence of any red flag diagnosis. Thus, the medical necessity of SI arthrogram has not been established in accordance with the guidelines. Furthermore, the patient had been authorized a right greater trochanteric injection. However, the outcome of the procedure has not been provided. The medical records do not provide a recent examination, including patient response to the authorized injection procedure. The request for an SI arthrogram is not medically necessary or appropriate.

RIGHT SACROILIAC JOINT STEROID INJECTION: 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), Hips & Pelvis, Sacroiliac joint blocks.

Decision rationale: The CA MTUS/ACOEM guidelines do not speciffically discuss the issue in dispute. According to Official Disability Guidelines, a Sacroiliac joint blocks may be recommended as an option if the patient has failed at least four to six weeks of aggressive conservative therapy (physical therapy, home exercise and medication management), and the history and physical should suggest the diagnosis (with documentation of at least three positive exam findings), of SI joint dysfunction. However, the medical records do not establish the patient has findings consistent with SI joint pathology. The submitted documentation does not substantiate the patient has SI joint dysfunction, and therefore, she is not a viable candidate for the proposed injection procedure. Furthermore, the patient had been authorized a right greater trochanteric injection. However, the outcome of the procedure has not been provided. The medical records do not provide a recent examination, including patient response to the authorized injection procedure. The request for a right sacroiliac joint steroid injection is not medically necessary or appropriate.

PIRIFORMIS INJECTIONS: 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), Hips & Pelvis, Piriformis injections.

Decision rationale: The CA MTUS/ACOEM guidelines do not speciffically discuss the issue in dispute. According to Official Disability Guidelines, piriformis injections are recommended for piriformis syndrome after a one-month physical therapy trial. Specific physical findings are tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation (FADIR) of the hip. Electrophysiologic studies should confirm the diagnosis, if not immediately, then certainly in a patient re-evaluation and as such should be sought persistently. In this case, the electrodiagnostic studies were negative and documented subjective/objective examination findings are not specific to piriformis syndrome. Lastly, the medical records do not provide a recent evaluation of the patient's complaints, nor document the outcome of the right greater trochanteric she was authorized in September 2013. The request for periformis injections is not medically necessary or appropriate.