

Case Number:	CM13-0038619		
Date Assigned:	01/03/2014	Date of Injury:	09/01/2002
Decision Date:	10/31/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/25/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 67 year old male who was injured on 9/1/2002. He was diagnosed with chronic low back pain, lumbar facet joint pain, knee arthritis, and myofascial pain. He was treated with trigger point injections, Piriformis injection, trochanter injections, sacroiliac injections, topical analgesics, physical therapy, and oral medications. On 9/9/13, the worker was seen by his primary treating physician complaining of low back pain, bilateral hip pain, and right leg pain. His hip and sacroiliac pain was returning since having had a significant decrease in his hip and sacroiliac pain (from 8/10 to 2/10 on the pain scale) after injections in those areas on 5/14/13. Physical examination findings included tenderness of bilateral sacroiliac joints, tenderness of right quadratus lumborum muscle, tenderness of right trochanter area, and normal lower extremity strength and sensation. He was then recommended sacroiliac joint injections (left and right) and a right trochanteric injection. He was also recommended to continue his Norco, Flexeril, and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SACROILIAC JOINT INJECTION, QTY: 2: 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), 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 section, Sacroiliac joint blocks

Decision rationale: The MTUS Guidelines are silent in regards to sacroiliac joint blocks/injections. The ODG, however, states that they are conditionally recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy (medications, physical therapy, etc.). Other criteria for the use of sacroiliac blocks includes: 1. History and physical suggesting diagnosis (imaging not helpful) by confirming at least three of the following tests: Cranial shear test, Extension test, Flamingo test, Fortin finger test, Gaenslen's test, Gillet's test, Patrick's test (FABER), Pelvic Compression test, Pelvic distraction test, Pelvic rock test, Resisted abduction test (REAB), sacroiliac shear test, Standing flexion test, Seated Flexion test, or Thigh thrust test (POSH), 2. Diagnostic evaluation must first address any other possible pain generators, 3. Blocks are performed under fluoroscopy, 4. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed, 5. If steroids are used the pain relief should be at least 6 weeks with at least 70% or greater pain relief, 6. Repeated blocks should be 2 months or longer from previous, 7. The block is not to be performed on the same day as an epidural injection, transforaminal epidural injection, facet joint injection, or medial branch block, and 8. Only a maximum of four times over a period of one year is recommended. In the case of this worker, she had presumably had sacroiliac-related pain before the prior injections on 5/14/13. He did, regardless have a significant reduction in his pain after these injections (more than 70% for many months), however, in order to confirm this diagnosis before considering another set of injections, appropriate physical examination findings besides tenderness (see above criteria) are needed in order to justify repeat injections in the sacroiliac joints. Therefore, without appropriate objective findings documented for review, the left and right sacroiliac injections are not medically necessary.

RIGHT TROCHANTERIC INJECTION, QTY: 1 FOR THE RIGHT HIP: 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 section, Trochanteric bursitis injections

Decision rationale: The MTUS is silent in regards to trochanteric injections for bursitis. The ODG, however, recommends trochanteric bursitis injections as they are safe and highly effective, usually with only one single injection. Steroid injection can be offered as a first-line treatment of trochanteric bursitis. Injections requires a clear diagnosis of trochanteric bursitis based on physical examination findings. In the case of this worker, tenderness of the trochanteric bursa is essentially sufficient objective evidence of the diagnosis of trochanteric bursitis, and as it is considered first-line therapy, a second injection seems reasonable in this setting as it had dramatically reduced his pain the previous time. Therefore, the right trochanteric injection is appropriate and medically necessary.

