

Case Number:	CM13-0043189		
Date Assigned:	12/27/2013	Date of Injury:	07/31/1992
Decision Date:	02/24/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/22/2013

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 & Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a female patient with the date of injury of July 31, 1992. A utilization review determination dated October 14, 2013 recommends non-certification of L5-S1 transforaminal LESI and right trochanteric bursa injection. The previous reviewing physician recommended non-certification of L5-S1 transforaminal LESI due to lack of documentation of assessment of improvement from a prior epidural injection and non-certification of right trochanteric bursa injection due to lack of documentation of a current physical examination and history supporting the diagnosis of trochanteric bursitis or trochanteric pain syndrome. A clinic progress note dated October 10, 2013 identifies subjective findings of chronic low back and leg pain, as well as neck and arm pain. On July 15, a right trochanteric bursa injection was performed. Prior to that a L5-S1 translaminar epidural steroid injection was performed. She reports excellent relief of her pain after both injections until recently when she had a recurrence of her low back and radicular pain as well as the pain associated with her trochanteric bursa. Physical exam identifies tender to palpation over the right trochanteric bursa. Resisted abduction test on the right side was positive. Diagnoses include impression of right trochanteric bursitis, low back pain, lumbar radiculitis right lower extremity, work related injury in 1992, previous L2-3 and L3-4 interbody fusion with hardware placement in September of 2011, previous anterior cervical fusion with follow up operations, cervicgia and cervical radicular symptoms presently stable. Plan states based upon a very positive response to a right trochanteric bursa injection as well as a L5-S1 translaminar epidural steroid injection, repeat right trochanteric bursa injection as well as a repeat L5-S1 translaminar epidural steroid injection is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 transforaminal LESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, MTUS Chronic Pain Guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is documentation that the patient had a "very positive response" to a previous L5-S1 transforaminal epidural steroid injection. However, evidence based guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. There is no quantification of the amount of pain relief that was obtained with the previous injection or the duration of pain relief. In addition, there is no documentation of continued objective documented pain and functional improvement after the previous injection. In the absence of such documentation, the currently requested L5-S1 transforaminal LESI is not medically necessary and appropriate.

Right Trochanteric Bursa Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 18th (web), 2013, Treatment in Workers Compensation, Hip.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip & Pelvis Chapter, section on Trochanteric Bursitis Injections.

Decision rationale: The Official Disability Guidelines state that for trochanteric pain, corticosteroid injections are safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief. Steroid injections should be offered as a first-line treatment of trochanteric bursitis, particularly in older adults. Trochanteric corticosteroid injection is a simple, safe procedure that can be diagnostic as well as therapeutic. Use of a combined corticosteroid-anesthetic injection typically results in rapid, long-lasting improvement in pain and in disability. Within the medical information provided for review, there is documentation that a previous right trochanteric bursa injection provided excellent relief. It is noted there is a recurrence of the pain associated with her trochanteric bursa. Physical examination findings were consistent with

trochanteric bursitis. As such, the currently requested right trochanteric bursa injection is medically necessary.