

Case Number:	CM13-0045492		
Date Assigned:	06/11/2014	Date of Injury:	12/18/2001
Decision Date:	08/08/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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:

Patient is a 48 year-old female with date of injury 12/18/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/30/2013, lists subjective complaints as severe right hip pain which travels into the right leg. Patient also complains of right shoulder pain that radiates into the arm. The primary treating physician's progress report (PR-2) refers to an MRI which was notable for lumbar disc disease and facet disease at L4-5. Objective findings include lumbar spine spasms and tenderness from T1 to S1 and decreased range of motion in all planes and tenderness noted in the sciatic notch area. Current diagnoses include: Tension headaches; Cervical spine sprain/strain, herniated disc, upper extremity radiculopathy; Thoraco-lumbosacral sprain/strain, degenerative disc disease and disc bulge at L4-5; Bilateral cervico-thoracic spondylosis, mostly right; Sleep difficulties; and anxiety/depression. At the time of the request for authorization, the patient had completed four out of eight authorized physical therapy sessions and states they have helped to decrease her pain. A PR-2 dated 08/05/2013 states that a previous lumbar epidural steroid injection provided an unknown amount or relief for one week. There is no documentation of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PAIN MANAGEMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 132.

Decision rationale: According to the guidelines, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The requesting provider gives no details as to why another pain management consult is requested. Continued pain management is not medically necessary.

TRIGGER POINT INJECTIONS TO THE RIGHT HIP, TROCHANTERIC AREA:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Trochanteric bursitis injections.

Decision rationale: The Official Disability Guidelines state that the steroid injection 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. As such, the request is medically necessary.