

Case Number:	CM13-0049446		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2012
Decision Date:	11/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/07/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 45 years old with an injury date on 6/8/12. Patient complains of low lumbar pain, right lateral/posterior leg pain, and occasional left lateral leg pain when walking per 10/23/13 report. Based on the 10/23/13 progress report provided by [REDACTED] the diagnoses are: 1. sciatica 2. displacement of thoracic or lumbar intervertebral disc without myelopathy 3. Enthesopathy of hip region Exam on 10/23/13 showed "L-spine range of motion normal with no pain. Motor exam showed right hamstring weakness 4/5. Neurological exam showed bilateral knees diminished and straight leg raise positive bilaterally." An MRI of the L-spine on 3/14/13 showed L5-S1 mild bulging annulus with mild central protrusion with only mild effacement of the thecal sac/canal. Mild right foraminal stenosis. Mild DJD of distal facet joints, moderate on left at L5-S1 level. Mild disc disease along L3-4 and L4-5 levels. Tenderness to palpation at Greater Trochanter right side." Patient's treatment history includes NSAIDS and a home exercise program. [REDACTED] is requesting outpatient interlaminar epidural steroid injection at right lumbar level L5-S1, and steroid injection to the right greater trochanteric bursa. The utilization review determination being challenged is dated 10/31/13 and denies greater trochanteric bursa injection due to lack of documentation of medical necessity. [REDACTED] is the requesting provider, and he provided treatment reports from 2/11/13 to 1/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Interlaminar Epidural Steroid Injection (ESI) At Right Lumbar Level L5-S1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: This patient presents with lower back pain, and bilateral leg pain. The treater has asked for outpatients inter laminar epidural steroid injection at right lumbar level L5-S1 on 10/23/13. Patient underwent an interlaminar; ESI in 8/13 with 30-40% relief in ipain for less than 3 weeks per 10/31/13 utilization review letter. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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. The requested repeat outpatients inter laminar epidural steroid injection at right lumbar level L5-S1 is not indicated at this time. The request is not medically necessary.

Steroid Injection to The Right Greater Trochanteric Bursa: 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 chapter for trochanteric bursa injections

Decision rationale: This patient presents with lower back pain, and bilateral leg pain. The treater has asked for steroid injection to the right greater trochanteric bursa on 10/23/13. Regarding trochanteric bursa injections, ODG recommends for Gluteus medius tendinosis/tears and trochanteric bursitis/pain. They commonly correspond with shoulder tendinoses and subacromial bursitis, though there is no evidence of a direct correlation between the hip and shoulder. All of these disorders are associated with hip pain and morbidity. For trochanteric pain, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief. In this case, the patient presents with exam findings showing pain at the right sided greater trochanter, and the requested steroid injection to the right greater trochanteric bursa appears reasonable for this type of condition. The request is medically necessary.