

Case Number:	CM13-0053146		
Date Assigned:	12/30/2013	Date of Injury:	12/05/2012
Decision Date:	09/09/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 injured worker is a 50-year old female who injured her lower back and left hip from a fall at work on 12/05/2012. MRI left hip revealed greater trochanteric bursitis. Lumbar MRI showed disc protrusions at L3-L4, right more than the left; mild disc bulges at L4-L5 and L5-S1. She improved with bursitis steroid injection, also responded well to six physical therapy sessions; while anti-inflammatory medication was associated with rectal bleed. She has continued to complain of lower back and left hip pain. The pain spreads from the back of her left leg to her left ankle. It is worsened by change in posture and lifting. She does not have bowel or bladder complaints. Examination showed limited lumbar range of motion, positive straight leg raise at 60 degrees on the left; normal reflexes, but equivocal weakness in the left lower limb. Her doctor diagnosed her of bursitis, and displacement of lumbar intervertebral disc. Her doctor's request for left transforaminal lumbar epidural steroid injection (LESI) L4, L5; lumbar myelography ; contrast dye; intravenous (iv) sedation; lumbar epidurogram; electromyogram (EMG) of the bilateral lower extremities; and left greater trochanteric bursa injection was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Transforaminal Lumbar Epidural Steroid Injection (LESI) L4, L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Transforaminal Lumbar epidural steroid injection is one of the three ways epidural steroid injections can be given. The MTUS recommends that before Epidural steroid Injections is given, the presence of radiculopathy must be confirmed and be documented by either MRI or Nerve studies. There is no MRI or nerve study test confirming radiculopathy in the injured worker, therefore the request is not medically necessary.

Lumbar Myelography: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 9, Low back disorders, page 387-388.

Decision rationale: The MTUS does not recommend Lumbar Myelography for low back complaints. The ACOEM guidelines recommends against Myelography because it is expensive, invasive, and less useful than either MRI or CT scan. It is only recommended in cases of implanted metal in which MRI is contraindicated, or when an MRI finding of disc herniation is believed to be false.

CONTRAST DYE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request is not medically necessary because it is not clear what this material would be used for. Therefore, one cannot make a decision on what guidelines to use.

INTRAVENOUS (IV) SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is lack of clarity on the intended use of the IV sedation. As a result, one cannot decide on the appropriate Guideline to use. It is not medically necessary.

FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: While Fluoroscopic Guidance is known to be useful in Lumbar steroid injection, it is of little use in Trochanteric Bursitis injection. The worker happens to suffer from Lumbar problem and Trochanteric bursitis. Steroid injection is not indicated in her Lumbar problem, but is indicated in the Trochanteric bursitis. Unfortunately the request for Fluoroscopic Guidance does not specify what it would be used for. As a result, this request is not medically necessary.

LUMBAR EPIDUROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: It is not medically necessary because, though Lumbar Epidurogram is very useful in confirming needle placement, or ruling out incorrect anatomic space, or predicting analgesic coverage during Lumbar Epidural Steroid Injection, there is no indication for Lumbar Epidural Steroid Injection in this worker. Her records show evidence of radiculopathy confirmed either by MRI or nerve studies.

ELECTROMYOGRAM (EMG) OF THE BILATERAL LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) <Chapter 14, Hip and Groin disorders>, page(s) <42-43>.

Decision rationale: Electromyography is used in confirming the diagnosis of nerve entrapment. The diagnosis provided in the file provided is bursitis and displacement of lumbar intervertebral disc; there is no mention of nerve entrapment in the lower limb.

LEFT GREATER 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) <Chapter 14, Hip and Groin disorders>, page(s) <177-179 >.

Decision rationale: The ACOEM guidelines recognize trochanteric bursitis injections with steroids and Lignocaine as an effective therapy with long lasting benefits.