

Case Number:	CM13-0056435		
Date Assigned:	12/30/2013	Date of Injury:	01/30/2003
Decision Date:	06/05/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/20/2013

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 53 year old male whose date of injury is 01/30/2003. AME dated 09/25/04 indicates that he had to pull three heavy wheeled carts in tandem and experienced low back pain. Procedure report dated 12/13/11 indicates that the patient underwent lumbar epidural steroid injection and left trochanteric bursa injection on 08/23/11. The patient underwent lumbar epidural steroid injection on 06/03/11, 12/13/11, 04/11/12, 06/26/12, 09/04/12, 12/05/12, 03/05/13, and 07/19/13. The patient underwent left trochanteric bursa injection on 05/15/12, 10/10/12, 01/14/13, 05/14/13, and 09/12/13. Follow up note dated 11/04/13 indicates that medications include Valium, naproxen, hydrocodone and aspirin. On physical examination he has restriction of both hips with increased pain with internal rotation. Good range of motion of knees and ankles is noted. Motor function is globally intact with patchy sensory changes and diminished reflexes. Straight leg raising is equivocal. EMG/NCV dated 12/18/13 revealed no lumbosacral radiculopathy. Follow up note dated 01/06/14 indicates that physical examination is unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION X 4 YEAR: 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 request is excessive as CA MTUS guidelines support repeat injections only with adequate response to prior injections. The patient's response to most recent epidural steroid injection is not documented. The patient underwent EMG/NCV on 12/18/13 which revealed no evidence of lumbosacral radiculopathy. The patient's physical examination fails to establish the presence of active lumbar radiculopathy. Based on the clinical information provided, the request for lumbar epidural steroid injection x 4 year is not recommended as medically necessary.

(L) TROCHANTERIC BURSA INJECTION WITH STEROIDS X 4 YEAR: Upheld

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

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 CHAPTER, TROCHANTERIC BURSITIS INJECTIONS.

Decision rationale: The request is excessive as the Official Disability Guidelines would support repeat injections only with positive response to prior injections. The patient's objective functional response to the most recent trochanteric bursa injection is not documented in the clinical records submitted for review. Based on the clinical information provided, the request for left trochanteric bursa injection with steroids x 4 year is not recommended as medically necessary.