

Case Number:	CM13-0068454		
Date Assigned:	01/03/2014	Date of Injury:	06/25/2007
Decision Date:	06/04/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/19/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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 57-year-old female who reported an injury on 06/25/2007. The mechanism of injury was not provided. The clinical documentation indicated the injured worker underwent a caudal epidural injection on 12/11/2012. The documentation of 11/19/2013 revealed the injured worker had benefitted from a caudal epidural injection and a trochanteric bursa injection in the past, giving her approximately 80% pain relief, lasting several months. The injured worker indicated she would like to repeat both of these injections. The injured worker indicated that in the 2 weeks prior to the examination, both her hip and low back pain increased. The physical examination revealed the injured worker had a positive straight leg raise on the right with an antalgic gait. The injured worker had pain with lumbar extension and bilateral lateral flexion. The injured worker had specific tenderness to palpation in the coccyx area with no apparent swelling. The injured worker had tenderness to palpation of the bilateral trochanteric bursa, with the right greater than the left. The treatment plan included a repeat epidural steroid injection and a right trochanteric bursa injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL INJECTION UNDER FLUOROSCOPY AND ANESTHESIA:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Epidural Steroid Injection, Anesthesia.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a repeat epidural steroid injection when there is objective documented pain relief of at least 50% with associated reduction of medication use for 6 to 8 weeks and documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had 80% pain relief that lasted for several months. However, there was a lack of documentation of the objective functional benefit and a decrease in medication use for 6 to 8 weeks. The Chronic Pain Medical Treatment Guidelines does not address anesthesia for epidural steroid injections. As such, secondary guidelines were sought. Per the Official Disability Guidelines there is no evidence-based literature to make a firm recommendation as to sedation during an epidural steroid injection. The clinical documentation submitted for review failed to document a rationale for use of sedation. The request for sedation would not be supported. Given the above, the request for a caudal epidural injection under fluoroscopy and anesthesia is not medically necessary.

RT TROCHANTERIC INJECTION UNDER ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (updated 10/09/13).

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 Chapter, Trochanteric Bursitis Injections.

Decision rationale: Official Disability Guidelines recommend trochanteric bursitis injections. However, there should be documentation of objective functional benefit and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had an 80% decrease in pain. However, there was a lack of documentation of objective functional benefit that was gained from the injection. Given the above, the request for a right trochanteric injection under ultrasound guidance is not medically necessary.