

Case Number:	CM14-0015919		
Date Assigned:	06/04/2014	Date of Injury:	09/22/1998
Decision Date:	07/31/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/07/2014

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, and is licensed to practice in Texas and Oklahoma. 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 66-year-old who reported an injury on February 17, 2009 from an unknown mechanism of injury. The injured worker had a history of left hip pain. The injured worker had a past surgical history of bilateral knee surgery 30 years ago and a left total hip arthroplasty on November 17, 2011. The injured worker has diagnosis of left hip pain, rectus femoris. The diagnostic studies included ultrasound and x-rays. Prior treatments included surgery, injections and medications. The medications included Lipitor, Aspirin 81 mg, Theracodfen, Soma and Theraprogen. Upon examination on January 13, 2014, the injured worker was noted to have an antalgic gait due to left hip pain and pain with flexion of the left hip. Examination revealed he had pain with abduction at 35 degrees and flexion caused the most pain. He reported that when he lifted his left leg to get out of a car, he experienced the worst pain and with flexion, the pain is noted to be directly over the direct head and origin of the rectus femoris. The treatment request is for referral to [REDACTED] for injections, cervical epidural steroid injection, and occipital block for the cervical area. The Request for Authorization Form and rationale for the requests were not submitted within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to [REDACTED] for injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: The injured worker has history of hip pain. The Official Disability Guidelines (ODG) recommended office visits as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. There is insignificant documentation for the necessity of a referral for the injection. There is lack of documentation of effectiveness of previous injection to warrant a referral for another injection. As such, the request for a Referral to [REDACTED] for injections is not medically necessary or appropriate.

Cervical epidural steroid injection: 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: The request for cervical epidural steroid injection is non-certified. The injured worker has a history of hip pain. The guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The guidelines recommend no more than 2 ESI injections. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the patient initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There is no documentation for the medical necessity for cervical epidural steroid injection at this time. There is no documentation of any radiculopathy documented by physical exam or imaging study. There is a lack of documentation for a response to conservative treatment. There is no level provided for the epidural steroid injection. As such, the request for cervical epidural steroid injection is not medically necessary or appropriate.

Occipital blocks for the cervical area: 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 Official Disability Guidelines (ODG) Neck, Greater occipital nerve block.

Decision rationale: The injured worker had a history of hip pain. The Official Disability Guidelines (ODG) for greater occipital nerve blocks (GONB) recommends diagnosis of both occipital neuralgia and cervicogenic headaches. The analgesic injection into cervical structures showed there was little to no consensus as to what injection technique should be utilized and lack of convincing clinical trials to aid in this diagnostic methodology. The information submitted for review was regarding the hip and there was a lack of documentation submitted regarding examination and symptoms related to the head and cervical spine. There is lack of documentation for the medical necessity for the above. Also, the number of nerve blocks was not submitted within the request. As such, the request for occipital blocks for the cervical area is not medically necessary or appropriate.