

Case Number:	CM14-0139611		
Date Assigned:	09/05/2014	Date of Injury:	03/25/2009
Decision Date:	10/03/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/28/2014

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, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of March 25, 2009. A utilization review determination dated August 21, 2014 recommends noncertification for a gluteal bursa injection. Additionally, certification is recommended for Mobic. A progress report dated September 15, 2014 identify subjective complaints of lower back pain and right posterior thigh pain extending to the knee with plantar foot numbness. The note goes on to indicate that the patient has previously failed physical therapy and has performed stretching previously. The patient receives 2 to 3 hours of 30% relief from meloxicam. Physical examination identifies negative straight leg raise with an obvious twitch response of the gluteus muscle group versus piriformis muscle group with palpation. Pain runs down the posterior lateral aspect of the patient's thigh. The patient also complained of numbness of the right foot with this twitch response. The diagnoses include right gluteal bursitis. The treatment plan recommends a right gluteal bursa injection. A note dated July 22, 2014 identifies subjective complaints of low back pain, right thigh pain, and buttock pain. The note indicates that the patient has undergone a right gluteal bursa injection on April 7, 2014. The note states that the patient has discrete tenderness over the gluteal bursa area. Prior injections are provided 60% relief of pain for 3 months. Physical examination reveals 4/5 strength in right foot dorsal flexors, likely due to pain in the buttock area the patient has normal sensation. Diagnoses include right gluteal bursitis, right sacral ileitis, and herniated nucleus pulposus at L5-S1. The treatment plan recommends a trial of Mobic 7.5 mg and continue Norco. Additionally, a gluteal bursa injection is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gluteal bursa injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Trigger Point injection.

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: Regarding the request for gluteal bursa injection, Chronic Pain Medical Treatment Guidelines and ODG do not address the issue. With regards to trochanteric bursitis, an analogous condition, ODG states for trochanteric bursa pain, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief. Steroid injection should be offered as a first-line treatment of trochanteric bursitis, particularly in older adults. Trochanteric corticosteroid injection is a simple, safe procedure that can be diagnostic as well as therapeutic. Use of a combined corticosteroid-anesthetic injection typically results in rapid, long-lasting improvement in pain and in disability. Within the documentation available for review, the requesting physician has identified that the patient has tenderness to palpation over the bursa area. Additionally, there is documentation of failed conservative treatment including physical therapy, a home exercise program, and medication. Finally, the requesting physician has identified that the patient has previously received 60% pain relief for 3 months as a result of a previous injection in this area. As such, they currently requested gluteal bursa injection is medically necessary.

Mobic 7.5mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Mobic (Meloxicam), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the requesting physician has indicated that the recently started Mobic improve the patient's pain by 30% for 2 to 3 hours. There is no documentation of any improved function or discussion regarding side effects. However, since the medication was recently started, it seems reasonable to continue it for one more month to allow the requesting physician time to document objective functional improvement and a discussion regarding side effects. Therefore, the currently requested Mobic 7.5 mg #60 is medically necessary.