

<b>Case Number:</b>	CM14-0166528		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of November 30, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; multiple prior lumbar epidural steroid injections; and extensive periods of time off work. In a utilization review report dated September 25, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as two sessions of the same, denied a request for right-sided sacroiliac joint injection, approved a piriformis injection, and denied a trochanteric bursa injection. The applicant's attorney subsequently appealed. In an August 6, 2014 progress note, the applicant reported persistent complaints of low back pain, exacerbated by bending, standing, and twisting. The applicant also reported right hip and right leg pain. The applicant had issues with paresthesias about the right leg, it was acknowledged. The applicant had not worked since June 2013, it was further noted. The applicant had questionable issues with mood dysfunction. 7/10 pain was noted. The applicant had ongoing sciatic complaints, it was acknowledged. A triple block comprising of a sacroiliac joint injection, a trochanteric bursa injection, and a piriformis injection under ultrasound guidance was sought, along with 12 sessions of physical therapy. The applicant was kept off work, on total temporary disability, through November 1, 2014. In a September 10, 2014 progress note, the applicant was asked to employ Norco and Zipsor for pain relief. 7/10 pain with medication versus 8/10 pain without medications was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for low back QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic Page(s): 99, 8.

**Decision rationale:** The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off work, on total temporary disability. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for an additional 12 sessions of physical therapy is not medically necessary.

**Right side S1 joint injection: 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 Procedure Summary

**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: ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Sacroiliac Joint Injections Section.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, Low Back Chapter, Sacroiliac Joint Injections, SI joint injections are not recommended in the treatment of radicular back pain, as is present here. Rather, ACOEM notes that SI joint injections should be reserved for applicants with rheumatologically-proven arthropathy involving the sacroiliac joints. In this case, however, there is no evidence of any rheumatologically-proven inflammatory arthropathy involving the sacroiliac joints. Therefore, the request is not medically necessary.

**Trochanteric bursa injection: 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 Procedure Summary

**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: ACOEM Practice Guidelines, Hip and Groin Chapter, Summary of Recommendation Section.

**Decision rationale:** The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Hip and Groin Chapter does acknowledge that glucocorticosteroid injections are indicated for trochanteric bursitis treatment, in this case, however, it does not appear that the applicant in fact carries a diagnosis of hip trochanteric bursitis. As noted above, there is considerable lack of diagnostic clarity. The attending provider given the applicant conflicting diagnoses of sacroiliac joint pain, nonspecific low back pain, radicular low back pain, hip pain, possible spinal stenosis, etc. The proposed trochanteric bursa injection, thus, is not indicated owing to the considerable lack of diagnostic clarity evident here. Therefore, the request is not medically necessary.