MAXIMUS Federal Services

Case Number:	CM14-0020236		
Date Assigned:	03/28/2014	Date of Injury:	03/30/2006
Decision Date:	10/01/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/18/2014

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 Family Medicine and is licensed to practice in Arizona. 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 62 year old male with a date of injury on 3/30/2006. Diagnoses include lumbar radiculopathy, and failed back surgery syndrome. Subjective findings are of continuous aching pain in his bilateral calves and pain over the left greater trochanter bursa. Physical exam shows slight tenderness to palpation over the bilateral lumbar paraspinal muscles and tenderness over the left greater trochanter bursa. Medications include Norco, Amitriptyline, and ibuprofen. Records indicate that urine drug screen from 1/30/14 was negative for all substances.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT GREATER TROCHANTER BURSA INJECTION WITH ULTRASOUND:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, TROCHANTER BURSA INJECTIONS

Decision rationale: The ODG states that trochanteric injections are recommended for trochanteric bursitis. For trochanteric pain, corticosteroid injection is safe and highly effective,

with a single corticosteroid injection often providing satisfactory pain relief. Trochanteric bursitis is the second leading cause of hip pain in adults, and a steroid-anesthetic single injection can provide rapid and prolonged relief. Steroid injection should be offered as a first-line treatment of trochanteric bursitis, particularly in older adults. For this patient, the submitted reports show evidence for trochanteric bursitis. Therefore, the medical necessity of a trochanteric bursa injection is established.

RETROSPECTIVE URINE DRUG SCREENING: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: CA MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. ODG recommends use of urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For "low risk" patients of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant behavior, and has been stable on chronic medications. The patient is taking opioids, and a recent drug screen was inconsistent. Therefore, the medical necessity of another urine drug screen to assess for ongoing compliance is established.