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| Case Number: | CM14-0079502 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 03/25/2009 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 05/08/2014 |
| Priority: | Standard | Application Received: | 05/30/2014 |

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 54-year-old male who reported an injury on 03/25/2009. The mechanism of injury was not stated. The current diagnosis is right gluteal bursitis. The injured worker was evaluated on 04/07/2014 with complaints of right buttock and lower back pain, right posterior thigh pain, and extension into the knee and foot. The injured worker was status post right SI joint injection on 01/28/2014 without any evidence of an improvement in symptoms. Physical examination revealed 2-3+ tenderness over the right medial iliac wing with deep palpation. The injured worker was administered a right gluteal bursal injection x3. Treatment recommendations at that time included activity limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right side gluteal bursitis trigger point injection x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122..

Decision rationale: The California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of

circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. There should also be documentation of a failure to respond to medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants. No more than 3-4 injections should be administered per session. As per the documentation submitted, there was no evidence of circumscribed trigger points upon physical examination with evidence upon palpation of a twitch response and referred pain. There was also no mention of an exhaustion of conservative treatment. Based on the clinical information received in the California MTUS Guidelines, the request is not medically necessary.