

Case Number:	CM14-0087202		
Date Assigned:	07/23/2014	Date of Injury:	11/26/2012
Decision Date:	09/30/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 60 year old female with an 11/26/12 injury date. The mechanism of injury was not provided. In a follow-up on 4/28/14, the patient complains of right hip pain with radiation to the lateral aspect of the foot, with a severity of 6-7/10, and low back pain. The objective findings included antalgic gait, a restricted lumbar range of motion, tenderness to palpation over the right greater trochanter, globally intact motor/sensory exam in the lower extremities with patchy sensory changes, negative straight leg raise tests, and diminished reflexes. A magnetic resonance imaging (MRI) of the right hip on 3/24/14 was unremarkable. An MRI of the lumbar spine on 8/26/13 showed degenerative disc disease and facet arthropathy, more severe in the lower levels, central stenosis at L3-4 and L4-5, and foraminal stenosis at L3-S1, most significant at L3-4 where there is likely bilateral nerve root impingement. The diagnostic impression included right trochanteric bursitis, lumbar radiculopathy at L4-5, L5-S1 and lumbar degenerative disc disease. The treatment to date includes medications, rest, physical therapy, chiropractic care and home exercise. A UR decision on 6/2/14 denied the request for three-level selective nerve root blocks on the basis that it exceeds the maximum number of levels that can be injected in one procedure, there was no evidence that the patient had tried conservative therapy for at least one month, and there did not appear to be objective deficits consistent with radiculopathy. The request for greater trochanter injection was denied on the basis that it should not be performed in conjunction with lumbar injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Selective Nerve Root, Right L4-5, L5-S1, S1-S2 + Right Greater Trochanteric.:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Transforaminal Steroid Injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter.

Decision rationale: The California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, California MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. California MTUS does not address trochanteric bursal injections. However, ODG states that hip injections are recommended as an option for short-term pain relief in hip trochanteric bursitis; are not recommended in early hip osteoarthritis (OA); and are under study for moderately advanced or severe hip OA, but if used, it should be in conjunction with fluoroscopic guidance. In the present case, the request is for 3 nerve root levels. This exceeds the maximum of two levels that can be performed at one time. In addition, the request is for a simultaneous trochanteric bursal injection, which may lead to improper diagnosis and is not recommended. There is also not sufficient documentation that the patient has tried conservative treatment methods such as physical therapy and how much progress was made over time. In addition, objective findings on physical exam were not consistent with radiculopathy. Therefore, the request for injection selective nerve root, right L4-5, L5-S1, S1-S2 + right greater trochanteric is not medically necessary.