

Case Number:	CM14-0127058		
Date Assigned:	08/13/2014	Date of Injury:	11/20/2006
Decision Date:	02/05/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal 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 (IW) is a 59-year-old man with a date of injury of November 20, 2006. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are displacement lumbar disc without myelopathy; degenerative lumbar/lumbosacral intervertebral disc; and lumbago. According to the Primary Treating Physician's Progress Report (PR-2) dated January 23, 2014 the treating physician administered Kenalog 40 mg and Lidocaine into the injured worker's gluteal bursa. However, the description of the procedure was a trigger point injection. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated July 17, 2014, the IW is now presenting for an injection for right gluteal bursitis. He reports he has a rough couple months. He reports his current medications bring his pain down to 6-7/10/ and without his medications, his pain is rated 9-10/10. He complains of constant pain in his low back and into his right buttocks. The pain is sharp in character with movement. Objectively, the IW is able to transfer from sit to stand with guarding and stiffness. He ambulates with stiff antalgic gait due to pain. He has functional range of motion of the lower extremities and 5/5 strength on the right and 4/5 on the left. Reflexes at knee are bilaterally. He has decreased sensation to light touch in the lower extremities. Back flexion is 40 degrees, and extension 0 degrees. He has tenderness in the right gluteal bursa region. Current medications include Opana ER 40mg, Opana IR 10mg, and Gabapentin 300mg. Documentation indicated the IW was given a right gluteal bursitis injection consisting of 5 cc of Lidocaine and 10mg of Kenalog 40 on 7/17/14. The IW tolerated the procedure well. The injured worker has the same symptoms as the January 23, 2014 progress note. The treating physician is administering the same medications, Kenalog and Lidocaine, to the gluteal region. The documentation is not specific as to a right gluteal bursitis injection as opposed to a trigger point injection, which are both different. The current request is for retro right gluteal bursitis injection composed of 5cc Lido and 10mg Kenalog-40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Gluteal Bursitis injection composed of 5cc lido & 10mg kenalog 40: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); ; Low Back Section, Trochanteric Bursitis

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, right gluteal bursitis injection composed of 5 mL lidocaine and 10 mL Kenalog 40 mg is not medically necessary. Invasive methods (local injections and facet joint injections of cortisone lidocaine or of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve compression from herniated disc, this treatment offers no significant long-term functional benefit nor does it reduce the need for surgery. In this case, the injured worker's working diagnoses are displacement lumbar disc without myelopathy; degenerative lumbosacral enter vertebral disc; and lumbago. Subjectively, the injured worker has constant pain in his low back that radiates into the right buttocks. On physical examination there tenderness in the right gluteal bursa region. The medical record indicates, in a progress note dated January 23, 2014, the treating physician administered Kenalog and lidocaine into the gluteal bursa. However, the description of the procedure was a trigger point injection. The injured worker in a progress note dated July 17, 2014 is now presenting for an injection for right gluteal bursitis. The injured worker has the same symptoms as the January 23, 2014 progress note. The treating physician is administering the same medications, Kenalog and lidocaine to the gluteal person. The documentation is not specific for a right gluteal bursitis injection as opposed to a trigger point injection which are both different. Additionally, invasive methods are questionable merit. Consequently, the documentation is unclear as to whether the injured worker is receiving a trigger point injection or a right gluteal bursitis injection and guidelines indicate invasive methods (i.e. local injections) are questionable merit. Therefore, right gluteal bursitis injection composed of 5 ML lidocaine and 10 ml of Kenalog 40 mg is not medically necessary.