

Case Number:	CM14-0187842		
Date Assigned:	11/18/2014	Date of Injury:	07/30/2010
Decision Date:	01/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/11/2014

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 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 pain reportedly associated with an industrial injury of July 30, 2010. In a Utilization Review Report dated November 12, 2014, the claims administrator denied a request for right hip greater trochanteric corticosteroid injection. The claims administrator stated that the applicant had had earlier SI joints blocks in addition to earlier physical therapy. The claims administrator also suggested that the applicant had had two trochanteric bursa injections in January and September 2014. The claims administrator stated that the attending provider failed to document the applicant's responses to earlier injections. In an October 28, 2013 progress note, the applicant reported ongoing complaints of low back pain radiating to the legs. 7/10 hip pain was also appreciated. The applicant is status post greater trochanteric bursa injection, it was acknowledged. The applicant's medications included tramadol, Vicodin, Vimovo, Neurontin, Desyrel, Xanax, Norco, Levaquin, oxycodone, Dilaudid, Zanaflex, Medrol, and Zestril. The applicant's medication list may not necessarily be updated. The applicant's BMI was 32. The applicant was placed off of work on total temporary disability. MRI imaging and repeat left hip greater trochanteric bursa injection were sought while the applicant was kept off of work. On December 2, 2013, the applicant was given left hip greater trochanteric bursa corticosteroid injection. The applicant was again placed off of work, on total temporary disability, while Dilaudid was renewed. On July 7, 2014, the applicant was asked to remain off of work for the next six months. The applicant was asked to consult a spine surgeon to rectify an apparently failed SI joint fusion surgery. The applicant was intent on receiving further injections, it was acknowledged. On July 17, 2014, Dilaudid and trazodone were endorsed, while the applicant was kept off of work. The applicant was given a trigger point injection. On August 19, 2014, Percocet and Xanax were renewed to try and ameliorate ongoing complaints of low back and left hip pain.

On September 16, 2014, lumbar facet blocks were sought. On October 14, 2014, the applicant was given diagnosis of lumbar disk degeneration, facet arthropathy, sacroiliac joint dysfunction, and hip trochanteric bursitis status post earlier SI joint fusion surgery. Duragesic and Percocet were renewed. On October 20, 2014, the attending provider suggested that the applicant consider revision SI joint fusion surgery as well as a right greater trochanteric corticosteroid injection. The applicant was using tramadol, Vimovo, Desyrel, Xanax, Neurontin, Percocet, and Zestril. Pain ranging from 10/10 to 6/10 was appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right greater trochanter corticosteroid 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 (ODG), Hip & Pelvis (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20f. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, Summary Recommendations section

Decision rationale: The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Hip and Groin Chapter does acknowledge that glucocorticoid injections are indicated for trochanteric bursitis treatment, in this case, however, the applicant has had several such injections in the past, all of which have been unsuccessful. The applicant remains off of work, on total temporary disability, despite having had multiple hip greater trochanteric corticosteroid injections over the course of the claim. The applicant remains dependent on opioids agents such as tramadol, Percocet, and Duragesic, despite multiple such injections during 2013 and 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite multiple prior hip greater trochanteric bursa injections. Therefore, the request for a repeat hip greater trochanteric corticosteroid injection is not medically necessary.