

Case Number:	CM14-0194769		
Date Assigned:	12/02/2014	Date of Injury:	05/10/2011
Decision Date:	01/14/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/20/2014

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 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:

According to the records made available for review, this is a 48-year-old female with a 5/10/11 date of injury. At the time (10/27/14) of request for authorization for left triple block injection and cognitive behavioral therapy (CBT) with psychologist, there is documentation of subjective (marked pain in the left back and hip) and objective (tenderness at lumbar spine, tenderness at facet joints, and decreased flexion and extension) findings, current diagnoses (lumbago, low back pain, sacroiliac joint dysfunction, and trochanteric bursitis), and treatment to date (medications, chiropractic, radiofrequency, and left sacroiliac joint injection, left bursa trochanteric injection, and left piriformis muscle injection (done 10/24/13, and reported as temporarily helpful)). 9/30/14 medical report identifies a request for another triple block injection on the left side to include sacroiliac joint injection, bursae trochanteric injection, and piriformis muscle injection. Regarding the requested left triple block injection, there is no documentation of subjective/objective findings consistent with trochanteric bursitis, piriformis syndrome or sacroiliac joint dysfunction and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of prior left sacroiliac joint injection, left bursa trochanteric injection, and left piriformis muscle injection. Regarding the requested cognitive behavioral therapy (CBT) with psychologist, there is no documentation of the number of visits requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Triple Block 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 and Pelvis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Trochanteric bursitis injections, Piriformis injections, SI Joint Injection; Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS reference to ACOEM Guidelines identifies that invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG supports a trochanteric corticosteroid injection as a first-line treatment of trochanteric bursitis. In addition, ODG identifies documentation of piriformis syndrome after a one-month physical therapy trial, as criteria necessary to support the medical necessity of piriformis injections. Furthermore, ODG identifies documentation of at least >70% pain relief obtained for 6 weeks, that 2 months or longer have elapsed between each injection, and that the injection is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of repeat SI joint injection. Within the medical information available for review, there is documentation of diagnoses of lumbago, low back pain, sacroiliac joint dysfunction, and trochanteric bursitis. In addition, there is documentation of a request for another triple block injection on the left side to include sacroiliac joint injection, bursae trochanteric injection, and piriformis muscle injection. However, there is no documentation of subjective/objective findings consistent with trochanteric bursitis, piriformis syndrome or sacroiliac joint dysfunction. In addition, despite documentation that prior left sacroiliac joint injection, left bursa trochanteric injection, and left piriformis muscle injection were temporarily helpful, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of prior left sacroiliac joint injection, left bursa trochanteric injection, and left piriformis muscle injection. Therefore, based on guidelines and a review of the evidence, the request for Left Triple Block Injection is not medically necessary.

Cognitive Behavioral Therapy (CBT) with Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of lumbago, low back pain, sacroiliac joint dysfunction, and trochanteric bursitis. In addition, there is documentation of chronic pain. However, there is no documentation of the number of visits requested. Therefore, based on guidelines and a review of the evidence, the request for cognitive behavioral therapy (CBT) with Psychologist is not medically necessary.