Case Number:	CM14-0204393		
Date Assigned:	12/16/2014	**Date of Injury:**	01/05/2011
Decision Date:	02/10/2015	**UR Denial Date:**	12/02/2014
Priority:	Standard	**Application Received:**	12/08/2014

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 Rehab, 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:

The injured worker is a fifty-five year old male who sustained a work-related injury on January 5, 2011. A request for a right L3-L4 transforaminal epidural steroid injection was noncertified and a right greater trochanteric bursa injection was partially certified in Utilization Review (UR) on December 2, 2014 The UR physician utilized the California (CA) MTUS guidelines and the Official Disability Guidelines in the determination. The UR physician determined with regard to the request for a right L3-L4 transforaminal epidural steroid injection that the documentation submitted for review did not support the CA MTUS recommendations. The CA MTUS Chronic Pain Treatment Guidelines recommend repeat therapeutic lumbar epidural steroid injection when radiculopathy is documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing initially unresponsive to conservative treatment. Imaging studies did not reveal nerve encroachment at the L3-L4 level and the imaging findings were not corroborative of clinical findings. In addition the documentation did not provide evidence of failed conservative treatment. With regard to the request for a right greater trochanteric bursa injection, the UR physician determined that the submitted documentation reflected objective evidence of trochanteric bursitis and partially certified the request. A request for independent medical review (IMR) was initiated on December 3, 2014 A review of the documentation revealed that on July 24, 2013, the injured worker had bilateral L4-L5 transforaminal epidural steroid injections and bilateral L5-S1 intra-articular facet injections. On April 16, 2014 the injured worker had bilateral L5-S1 intra-articular facet injections, right L3, bilateral L4-5 transforaminal epidural steroid injections. A physician's evaluation dated July 30, 2014 revealed that the injured worker had back pain with leg numbness and tingling. The physician noted that an MRI of May 28, 2010 revealed disk space narrowing at all lumbar levels. On examination, the injured worker had facet joint tenderness at L3, L4 and L5 and tenderness to the paraspinous

muscles of L3-L5. On August 7, 2014, the injured worker underwent an EMG of the low back which was suggestive of chronic left L5-S1 lumbar radiculopathy. A physician's evaluation of November 10, 2014 indicated that the injured worker complained of more pain in the right hip and right groin with tightness in the right lateral leg. He had pain in the right greater trochanteric bursa. He indicted that he had continued to experience significant improvement to the low back and right groin and leg pain as a result of the right L3, bilateral L4, and bilateral L5 transforaminal ESIs until the recent reworsening. He indicates that the pain had remained reduced overall by more than 70% until the recent reworsening. He had been able to remain more active and do exercises on a regular basis for quite a while after the injections until the pain started to increase again. On examination, the injured worker's range of motion in the lumbar spine was mildly limited to extension and caused moderate low back pain. There was tenderness to palpation over the bilateral L3-L4 and L5-S1 facet joints, right hip joint and right greater trochanteric bursa. The evaluating physician noted that the injured worker had a good benefit from previous injections. Diagnoses associated with the evaluation included low back pain with lumbar radiculopathy, lumbar facet arthropathy and right greater trochanteric bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-4 Transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46 OF 127.

Decision rationale: Regarding the request for right L3-4 Transforaminal epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to Transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is note of greater than 70% pain relief and functional improvement after the previous injection. However, there is no indication of associated reduction of medication use for 6 to 8 weeks. Furthermore, EMG identified chronic left L5-S1 lumbar radiculopathy. As such, the currently requested right L3-4 Transforaminal epidural steroid injection is not medically necessary.

Right greater trochanteric bursa injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Hip and Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Trochanteric Bursitis Injections.

Decision rationale: Regarding the request for right greater trochanteric bursa injection, Chronic Pain Medical Treatment Guidelines do not address the issue. ODG states for trochanteric pain, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief. Steroid injection should be offered as a first-line treatment of trochanteric bursitis, particularly in older adults. Trochanteric corticosteroid injection is a simple, safe procedure that can be diagnostic as well as therapeutic. Use of a combined corticosteroid-anesthetic injection typically results in rapid, long-lasting improvement in pain and in disability. Within the documentation available for review, physical examination findings support the diagnosis of right greater trochanteric bursitis. As such, the currently requested right greater trochanteric bursa injection is medically necessary.