

Case Number:	CM15-0000108		
Date Assigned:	01/09/2015	Date of Injury:	06/29/2000
Decision Date:	04/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female who reported injury on 06/29/2000. The mechanism of injury was not provided. Prior therapies included injections. The diagnoses included lumbago, trochanteric bursitis and SI joint dysfunction. The documentation of 10/28/2014 revealed the injured worker had complaints of pain in the low back. Pain was severe at times. The injured worker had no side effects from the medications and no aberrant behavior. Medications were effective in reduced pain and allowed the injured worker to perform light housework, walk short distances, and have a better quality of life. The injured worker had left leg sciatica. The medications included Norco 10/325 and Vicodin 5/500. The physical examination revealed the injured worker had tenderness at the lumbar spine and the facet joints, decreased flexion, decreased extension, and decreased lateral bending. At the sacroiliac joint, the injured worker had a tender left sacroiliac joint, and tenderness at the greater trochanter. The treatment plan included a refill of the medications and a triple block. The documentation indicated the injured worker had triple blocks in the past that had worked at reducing pain and that she had not had them in over 2 years. There was a request for authorization submitted for review dated 12/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Side St Joint Injection, Piriformis Injection, Trochanteric Bursa Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, SI Joint Injection.

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, Intra-articular steroid hip injection (IASHI), Piriformis injections, Trochanteric bursitis injections.

Decision rationale: The Official Disability Guidelines do not recommend intra-articular steroid hip injections in early osteoarthritis. It is recommended as an option for short term pain relief and trochanteric bursitis. Trochanteric bursitis injections are recommended and that piriformis injections are recommended after a 1 month physical therapy trial. The clinical documentation submitted for review indicated the injured worker had a prior injection. However, there was a lack of documentation of the objective pain relief, the objective functional benefit and the duration of benefit that was received. Given the above, the request for left sided SI joint injection, piriformis injection, and trochanteric bursa injection is not medically necessary.