

Case Number:	CM15-0005821		
Date Assigned:	01/20/2015	Date of Injury:	06/25/2013
Decision Date:	03/11/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/12/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 was a 55 year old female, who sustained an industrial injury, June 25, 2013. The injured worker's chief complaint, on October 31, 2014, was pain in the right hip in the region of the sacroiliac joint. The injured worker was diagnosed status post right shoulder surgery, synovitis, residual adhesive capsulitis, right hip labral tear. The injured worker has been treated with cortisone injection to the right shoulder, right shoulder arthroscopic surgery with lysis of adhesions, capsulotomy with synovectomy labral resection, chondroplasty of the glenoid, Vicodin, diagnostic testing and physical therapy to the right shoulder. On October 31, 2014 the treating physician requested right sacroiliac joint corticosteroid/Marcaine injection and right greater trochanteric corticosteroid/Marcaine injection for pain in the right hip. December 10, 2014, the UR denied a right sacroiliac joint corticosteroid/Marcaine injection and right greater trochanteric corticosteroid/Marcaine injection. The denial was based on the ODG guidelines for hip and pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint corticosteroid/marcaine 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, Trochanteric bursitis injections, ACOEM Low back pain, page 185

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-308.

Decision rationale: The ACOEM chapter n low back pain and injection states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Trigger point injections, ligamentous injections and facet-joint injections are not recommended per Table 2-8. Therefore, the request is not certified.

Right greater trochanteric corticosteroid/marcaine 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), Hip and pelvis, Trochanteric bursitis injections, ACOEM Low back pain, page 185

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation hip/pelvis

Decision rationale: The ACOEM and the California MTUS do not specifically address greater trochanter injections. The ODG states that trochanteric bursitis injections are recommended. Steroid injection should be offered as a first-line treatment of trochanteric bursitis, particularly in older adults. Trochanteric steroid injection is a simple, safe procedure that can be diagnostic as well as therapeutic. Therefore, the request is certified.