

Case Number:	CM15-0102359		
Date Assigned:	06/04/2015	Date of Injury:	01/05/2012
Decision Date:	07/03/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old female who sustained an industrial injury on 01/05/2012. Mechanism of injury occurred when she was tugging and pulling on a wedged cart and felt a ripping, crunching sensation in her right hip, right thigh and groin region and it radiated down her entire right leg to the level of the right knee. Diagnoses include right hip tendinitis and right hip trochanteric bursitis, post-surgical right groin pain, status post extensive vascular treatment, anxiety and depression, and sleep difficulties. Treatment to date has included diagnostic studies, medications, physical therapy, trigger point injections and received 50% of improvement and it helped her tolerate her therapy sessions, use of a Transcutaneous Electrical Nerve Stimulation unit, cognitive behavioral therapy, and a home exercise program. Magnetic Resonance Imaging of the lumbar spine done on 03/14/2014 showed L5-S1, 2-3 mm disc bulge and a punctate tear within the posterior periphery of the annulus to the left of midline, and moderate left facet arthrosis with facet spurring and joint space narrowing. A physician progress note dated 04/16/2015 documents the injured worker complains of right hip and groin pain. She has tenderness and pain about the right hip and groin area, and she has limited range of motion. There is documentation present in this physician note that an Electromyography and Nerve Conduction Velocity done on 4/15/2014 showed evidence of an acute right L5-S1 lumbosacral radiculopathy. The treatment plan is for a cortisone injection, she reports she received 6 weeks of relief with the last one given, continuation of her physical therapy, continuation of home exercise program and stretches, use of her Transcutaneous Electrical Nerve Stimulation unit, follow up with psyche treatment and continue same medications. Treatment requested is for trigger point injection of right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection of right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections (TPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, 122 Page(s): 122.

Decision rationale: The claimant sustained a work injury in January 2012 and continues to be treated for right hip pain. When seen, there had been no new injury. There had been improvement with nine physical therapy treatments. There had been some pain relief after a previous injection, which had worn off. Physical examination findings included right hip, groin, and trochanteric bursa tenderness. The report requested authorization for a repeat right hip bursa injection and references evidence of a twitch response on palpation. In this case, the claimant's primary problem appears to be bursitis. Criteria for a trigger point injection would include documentation of the presence of a twitch response as well as referred pain. The presence of referred pain is not documented. The request is not medically necessary.