

Case Number:	CM15-0108858		
Date Assigned:	06/15/2015	Date of Injury:	01/05/2011
Decision Date:	07/14/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/05/2015

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 56 year old male, who sustained an industrial injury on 1/5/2011. Diagnoses have included low back pain with lumbar radiculopathy, lumbar facet arthropathy and right greater trochanteric bursitis. Treatment to date has included epidural steroid injection, physical therapy and medication. According to the progress report dated 4/23/2015, the injured worker reported continuing to experience significant benefit as a result of the right L3 and L4 transforaminal epidural steroid injections and right greater trochanteric bursa injection on 12/7/2014. He noted that the right low back and right thigh pain remained reduced by approximately 80%. He reported that the right hip region pain was still improved. He stated that his tolerance for standing and walking had more than quadrupled as a result of the decreased pain from the most recent injections. Physical exam revealed that lumbar range of motion was mildly limited to extension, with mild low back pain. Straight leg raise test was positive bilaterally. Authorization was requested for a right L3-4 transforaminal epidural steroid injection and a right trochanteric bursa injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection (right L3-4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in January 2011 and continues to be treated for radiating low back pain and hip pain. He underwent a combined lumbar epidural steroid injection and right greater trochanteric bursa injection in December 2014 with reported benefit of 70 - 80% lasting until he was recently seen. At that time, there was decreased lumbar extension with moderate low back pain. Straight leg raising was positive. There was right hip tenderness and pain with movement. There was decreased lower extremity sensation. A repeat combined procedure was requested. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight week. Performing an epidural injection on the same day of treatment as facet blocks, sacroiliac blocks, lumbar sympathetic blocks, or trigger point injections is not recommended as this may lead to improper diagnosis or unnecessary treatment. In this case, the procedure performed previously was a combined procedure. Lidocaine was used for both injections and a differential anesthetic response cannot be determined. Whether the claimant derived benefit from the epidural injection and / or the greater trochanteric bursa injection that was performed is unknown. A repeat combined injection procedure is not medically necessary.

Trochanteric bursa injection (right): 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-TWC), Hip and Pelvis Chapter, Trochanteric bursitis injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p 46 Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in January 2011 and continues to be treated for radiating low back pain and hip pain. He underwent a combined lumbar epidural steroid injection and right greater trochanteric bursa injection in December 2014 with reported benefit of 70 - 80% lasting until he was recently seen. At that time, there was decreased lumbar extension with moderate low back pain. Straight leg raising was positive. There was right hip tenderness and pain with movement. There was decreased lower extremity sensation. A repeat combined procedure was requested. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight week. Performing an epidural injection on the same day of treatment as facet blocks, sacroiliac blocks, lumbar sympathetic blocks, or trigger point injections is not recommended as this may lead to improper diagnosis or unnecessary treatment. In this case, the procedure performed previously was a combined procedure. Lidocaine was used for both injections and a differential anesthetic response cannot be determined. Whether the claimant derived benefit from the epidural injection and / or the greater trochanteric bursa injection that was performed is unknown. A repeat combined injection procedure is not medically necessary.

