

Case Number:	CM15-0187978		
Date Assigned:	09/29/2015	Date of Injury:	03/06/2014
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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 58 year old female with a date of injury on 03-06-2014. The injured worker is undergoing treatment for lumbago, trochanteric bursitis, lumbar radiculopathy, focal entrapment neuropathy, lumbar disc injury, chronic untreated pain, reactive depression, and anxiety. She also has a diagnosis of diabetes. Physician progress notes dated 07-02-2015 to 08-31-2015 documents the injured worker has complaints of back pain and stiffness, radicular pain in her right and left leg and weakness in the right and left leg. Range of motion worsens condition. She rates her pain as 8 out of 10 on the pain scale. There is pain to palpation over the L3-L4, L4-L5, and L5-S1 facet capsules bilateral and pain with rotational extension indicative of facet capsular tears bilateral and secondary myofascial pain with triggering and ropey fibrotic banding bilaterally. Straight leg raise is positive on the left with pain radiating to the left buttocks, posterior thigh, medial leg, lateral leg and posterior calf. Straight leg raise is positive on the right with pain radiating to the right buttock, posterior thigh, medial leg and posterior calf. Treatment to date has included diagnostic studies, medications, 10 physical therapy sessions, a home exercise program, and activity restrictions. Current medications include APAP, Aspirin, Benazepril, Fetzima, Gabapentin, Glipizide, Lantus and Metformin. A computed tomography of the lumbar spine done on 08-15-2015 revealed no acute fracture, subluxation or instability. A Magnetic Resonance Imaging of the lumbar spine done on 08-15-2015 was normal. On 09-10- 2015 Utilization Review non-certified the request for bilateral lumbar sacroiliac joint injection and bilateral trochanteric bursal injection with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Trochanteric Bursal Injection With [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis. Trochanteric bursitis Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Trochanteric Bursitis/ Intra-articular Injections, pages 268-269.

Decision rationale: ODG does recommend hip injections as a treatment option with short-term relief for diagnosis of trochanteric bursitis, and not recommended for hip osteoarthritis and is considered under study for moderately advanced hip OA. Although there is diagnosis of trochanteric bursitis, there is no identified symptoms or clinical evaluation of the hip joint with patient reporting lumbar spine issues and findings relating to radicular symptoms to the left buttocks and leg. Submitted reports have not adequately demonstrated clear specific symptoms, clinical pathology, and failure of conservative treatment such as NSAIDs and therapy to support for the injection without demonstrated functional improvement not meeting guidelines criteria. There are no specific identified pain relief, functional improvements in terms of increased ADLs, decreased medication dosage, or decreased medical utilization for independent care towards a functional restoration approach. The Bilateral Trochanteric Bursal Injection With [REDACTED] is not medically necessary and appropriate.

Bilateral Lumbar Sacroiliac Joint Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter, SI Joint, pages 263-264.

Decision rationale: ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with at least 3 positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. It has also been questioned as to whether SI joint blocks are the diagnostic gold standard as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning

validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not clearly defined symptom complaints, documented specific clinical findings or met the guidelines criteria with ADL limitations, failed conservative treatment trials, or functional improvement from treatment previously rendered for this chronic injury. The Bilateral Lumbar Sacroiliac Joint Injection is not medically necessary and appropriate.