

<b>Case Number:</b>	CM15-0021160		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; multiple intervention spine procedures, including trigger point injections, facet injections, an epidural steroid injection; unspecified amounts of physical therapy and massage therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for a sacroiliac joint injection and a greater trochanteric hip bursa injection. The claims administrator referenced an RFA form and an associated progress note of January 12, 2015. The claims administrator denied the request on causation grounds, stating that the sudden appearance of reported findings relative to the hip and SI joint two years removed from the date of injury suggested that they were not, in fact, connected to the industrial injury of April 18, 2013. The request, thus, was denied on causation grounds as opposed to on medical necessity grounds. The applicant's attorney subsequently appealed. In a January 12, 2015 RFA form, authorization was sought for hip trochanteric bursa and SI joint injections. The applicant reported issues with low back and hip pain at that point in time. The applicant was working as a specialized teacher's aide, despite ongoing complaints of low back and hip pain. The attending provider acknowledged that there was some element of low back pain radiating to the left leg. The applicant had not derived significant improvement from earlier trigger point injections and/or epidural injections. The applicant's medication list

included tramadol, Motrin, Flexeril, and Elavil. The applicant did have issues with depression, it was acknowledged. The applicant did exhibit tenderness over the hip trochanteric bursa region, along with multiple positive myofascial tender points. The applicant was severely obese, with a BMI of 35. Both a hip trochanteric bursa injection and a sacroiliac joint injection were endorsed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left Sacroiliac Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd ed. Sacroiliac Joint Injections is Not Recommended for Acute, Sub-Acute and Chronic Radicular Pain Syndromes (Insufficient Evidence (I)) Sacroiliac joint injections are not recommended for treatment of any radicular pain syndrome. Sacroiliac Joint Injections is Not Recommended for Acute, Sub-Acute and Chronic Low Back Pain (Insufficient Evidence (I)) Sacroiliac joint injections are not recommended for treatment of acute low back pain including low back pain thought to be sacroiliac joint related; subacute or chronic non-specific low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease).

**Decision rationale:** No, the proposed sacroiliac joint injection is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that sacroiliac joint injections are not recommended in the treatment of chronic nonspecific low back pain, as was/is present here. The Third Edition ACOEM Guidelines also note that sacroiliac joint injections are not recommended in the treatment of any radicular pain syndrome. Here, the applicant does retain significant complaints of low back pain radiating to the leg. Here, the attending provider did not furnish any clear or compelling applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue, nor did the attending provider reconcile requests for sacroiliac joint injections with the seeming multiplicity of pain generators present here. Therefore, the request is not medically necessary.

**Left Greater Trochanter Injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd ed. Corticosteroid injection is Recommended for Acute, Sub-Acute and Chronic Gluteus Medius Tendinosis and Tears (Rotator Cuff of the Hip), Trochanteric Bursitis and Greater Trochanteric Pain Syndrome (Limited Evidence (C)) Trochanteric glucocorticosteroid injections are recommended as a treatment option for acute, subacute, or chronic trochanteric bursitis, greater trochanteric pain syndrome, and gluteus medius tears with accompanying clinical bursitis. Indications:

Symptoms of trochanteric bursitis of at least a couple weeks with prior treatment that has included NSAIDs or acetaminophen and avoidance of aggravating activities

**Decision rationale:** Conversely, the proposed left hip greater trochanteric injection is medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Hip and Groin Chapter does acknowledge that trochanteric corticosteroid injections are recommended as a treatment option for applicants with acute, subacute, or chronic trochanteric bursitis. Here, the attending provider did suggest in his January 12, 2015 progress note that the hip trochanteric bursitis was one of the applicant's significant pain generators on that date. The attending provider posited that the applicant's hip pain complaints have proven recalcitrant to other treatments, including time, medications, physical therapy, etc. Moving forward with a hip trochanteric bursa injection, thus, was/is indicated. Therefore, the request is medically necessary.