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| Case Number: | CM15-0221780 | | |
| Date Assigned: | 11/17/2015 | Date of Injury: | 05/10/2011 |
| Decision Date: | 12/24/2015 | UR Denial Date: | 10/12/2015 |
| Priority: | Standard | Application Received: | 11/11/2015 |

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: Connecticut, California, Virginia
 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 injured worker is a 49 year old female, who sustained an industrial injury on 5-10-11. The injured worker is diagnosed with lumbago, lumbosacral degenerative disc and lumbar facet arthropathy. Her work status is temporary total disability. Notes dated 8-21-15 and 9-28-15 revealed the injured worker presented with complaints of low back pain described as aching and throbbing that radiates down her legs to her feet, bilaterally and hip pain. A physical examination dated 9-28-15 revealed pain to palpation at the midline paraspinal area and lateral lumbar, bilateral facet joints tenderness and pain with range of motion. Treatment to date has included medications, which provide some pain relief reducing it from 9 to 6 out of 10, per note dated 9-28-15 and psychotherapy. Diagnostic studies include urine toxicology screen. A request for authorization dated 9-28-15 for bilateral sacroiliac joint and trochanteric bursa injections is denied, per Utilization Review letter dated 10-12-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint 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, Hip and pelvis, Sacroiliac joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip and pelvis, SI joint injections.

Decision rationale: SI Joint blocks are recommended by the ODG with the following limitations: the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings), diagnostic evaluation must first address any other possible pain generators, the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. Blocks are performed under fluoroscopy and a positive diagnostic response must be recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. In this case, the provided records show minimal objective evidence of findings to support the request for bilateral injections. SI joint injections may be a valid option in this case, but further evidence of the need for bilateral injections must be documented to support the request, particularly as trochanteric injections are also requested. Therefore, at this time, the request is not medically necessary.

Bilateral trochanteric bursa 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, 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 injections.

Decision rationale: The MTUS does not specifically address injections in the case of trochanteric bursitis, and therefore the ODG provides the preferred mechanism for assessment of clinical necessity in this case. The ODG classifies trochanteric bursitis injections as recommended. The risks of injections in this case are very low, and the possible benefit of treatment is quite high, making the requested treatment reasonable. Therefore, based on the provided records, the request to treat with bilateral trochanteric injections is medically necessary.