MAXIMUS Federal Services

Case Number:	CM15-0030527		
Date Assigned:	02/24/2015	Date of Injury:	06/10/2011
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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 53 year old female, who sustained a work/ industrial injury on 6/10/11 as an investigator when she was descending stairs and turned her left knee and popped her left hip. She has reported symptoms of left hip and back pain with tingling below the left knee. Prior medical history includes injury in 1996 and auto accident in 1997 with left knee surgery, muscle sprain in 2001. The diagnoses have included lumbosacral spondylosis without myelopathy and traumatic arthropathy of the lower leg. Treatments to date included medication, consultation, and diagnostics. Medications included Oxymorphone and topical medication (Flurbiprofen and Lidocaine). The treating physician's report (PR-2) from 12/16/14 indicated that the IW continued with pain in the low back and knee, rated 7-8/10 with pain and numbness across the low back with radiation to the left leg and in the knee. Examination detected tenderness over the lumbar spine. Gaenslen's test, lumbar facet loading, and Ober's test was positive. There was mild pain on the left leg in supine straight leg raise. There was also gluteal pain radiating to the infragluteal region. On 1/13/15, the testing was the same along with pain level with numbness across the low back with radiation to the left leg and knee. A request was made for follow up evaluation with an anesthesiologist/pain specialist (lumbar), an S1 joint injection, and left trochanteric injection. On 1/30/15, Utilization Review non-certified a Left Trochanteric Injection, noting citing of the MTUS, ACOEM Guidelines. On 1/30/15Utilization Review non-certified a Follow-Up Evaluation with An Anesthesiologist/Pain Specialist (Lumbar), noting the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up Evaluation with An Anesthesiologist/Pain Specialist (Lumbar): 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Hyperalgesia section Page(s): 96.

Decision rationale: The MTUS Guidelines provide recommendations for pain management follow up, usually in the context of increasing opioid use or chronic pain that continues to be uncontrolled despite physical modalities and incremental dose increases of medication. The primary treating provider does not document anything that indicates there is need for follow up with pain management. Pain management note dated 9/24/2014 is the only pain management note provided for review, and it indicates that the injured worker was being treated with opioid pain medications, but lumbar epidural steroid injection and left trochanteric bursa injection had been denied. At that time, follow up was scheduled in one month. This request was made on 1/13/2015 without indication of what has occurred with pain management since 9/2014. Medical necessity of this request has not been established with the records that have been provided for review. The request for Follow-Up Evaluation with An Anesthesiologist/Pain Specialist (Lumbar) is determined to not be medically necessary.

Left Trochanteric Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trochanteric bursitis injections section.

Decision rationale: The MTUS Guidelines do not address the use of trochanteric injections. ODG recommends the use of corticosteroid injection for trochanteric pain. Corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief. Trochanteric bursitis is the second leading cause of hip pain in adults, and a steroid-anesthetic single injection can provide rapid and prolonged relief, with a 2.7-fold increase in the number of patients who were pain-free at 5 years after a single injection. Steroid injection should be offered as a first-line treatment of trochanteric bursitis, particularly in older adults. Trochanteric corticosteroid injection is a simple, safe procedure that can be diagnostic as well as therapeutic. Use of a combined corticosteroid-anesthetic injection typically results in rapid, long-lasting improvement in pain and in disability. Particularly in older adults, corticosteroid injection should be considered as first-line treatment of trochanteric bursitis because it is safe, simple, and effective. The medical records do not indicate that there are complaints of trochanteric pain or physical examination findings consistent with trochanteric

pain. The pain management note dated 9/24/2014 does indicate that the injured worker had a left trochanteric bursa injection on 11/2/2013 with 80% decreased pain for 4 months, however there are no complaints or findings reported to establish medical necessity of this request. The request for Left Trochanteric Injection is determined to not be medically necessary.