

Case Number:	CM15-0043963		
Date Assigned:	03/13/2015	Date of Injury:	01/01/2005
Decision Date:	05/04/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/09/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 70 year old female who sustained an industrial injury on 01/01/2005. Current diagnoses include lumbosacral spondylosis without myelopathy and degeneration of cervical intervertebral disc. Previous treatments included medication management. Report dated 02/5/2015 noted that the injured worker presented with complaints that included pain in the greater trochanter. Pain level was rated as 4 out of 10 on the visual analog scale (VAS). Physical examination did not reveal any abnormalities. The treatment plan included continue treatment under future medical care, return in one month, and request authorization for greater trochanteric right side under fluoro. Disputed treatment includes greater trochanter injection under fluoro w/4cc Lido 2% 1cc Kenalog 40mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Greater trochanter injection under fluoro w/4cc Lido 2% 1cc Kenalog 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Hip and Pelvis regarding 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 - pain, joint injection.

Decision rationale: The medical records provided for review do not document the presence of at least 3 positive physical examination findings supportive of SI joint dysfunction and does not document the failure of at least 4-6 weeks of conservative treatment including PT or home exercises. ODG supports joint block with: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. As the medical records do not indicate previous therapy tried and failed and duration of at least 6 weeks, the medical records provided for review do not support medical treatment of joint injection. Therefore, the request is not medically necessary.