

Case Number:	CM15-0084324		
Date Assigned:	05/06/2015	Date of Injury:	06/09/2014
Decision Date:	06/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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 54 year old female, who sustained an industrial injury on 6/9/2014. The current diagnoses are sprain/strain of the lumbar spine, sprain/strain of the thoracic spine, muscle spasms, radiculopathy, paresthesia, sciatica, and myalgia/myositis. According to the progress report dated 4/22/2015, the injured worker reports slight improvement in her mid and lower back pain. Tenderness over the trochanteric bursa was noted. The pain was not rated; the current medications are Cyclobenzaprine, Fenoprofen, Hydrocodone, Lansoprazole, Menthoderm, Omeprazole, and Tramadol. Treatment to date has included medication management, MRI studies, lumbar bracing, physical therapy, and electrodiagnostic testing which was negative for radiculopathy. The plan of care includes ultrasound guided caudal epidural steroid injection and right greater trochanteric bursa injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided caudal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

Decision rationale: Due to the equivocal evidence that epidural injections are beneficial for chronic pain MTUS Guidelines have very specific criteria to justify their use. These criteria include a clear clinical radiculopathy with dermatomal loss of nerve function and this has to correlate with diagnostic studies i.e. MRI or electrodiagnostics. Electrodiagnostics have been performed and were interpreted as normal. Guidelines also recommended targeted epidurals under fluoroscopic guidance, caudal epidurals are not supported. Under these circumstances, Guidelines do not support an epidural injection and there are no unusual circumstances to justify an exception to Guidelines. The ultrasound guided caudal epidural injection is not medically necessary.

Right greater 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 (ODG) Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip and Pelvis - Trochanteric bursa injections.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this specific issue and support Trochanteric bursa injection if there is localized tenderness and pain associated with the bursa. These criteria are documented to be present in this individual. The Trochanteric bursa injection is supported by Guidelines and is medically necessary.