

Case Number:	CM15-0230710		
Date Assigned:	12/04/2015	Date of Injury:	01/31/2010
Decision Date:	01/11/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	11/24/2015

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: Emergency 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 42 year old female who sustained an industrial injury on 1-31-2010. Medical records indicate the injured worker is being treated for lumbar disk disease, lumbago and left lumbar radiculopathy persistent after microdiscectomy, post-lumbar decompression with some left sacroiliitis and left trochanteric bursitis, and chronic insomnia due to pain and depression. Per the treating physician's notes dated 10-5-2015 and 10-26-2015 the injured worker continues to report left lower back pain which is rated 5 out of 10, left hip pain, and pain in her left foot. On physical exam 10-26-2015 the treating physician reports the injured worker's left anterior tibialis is 3-5 and her evertors and invertors of her left foot are 4-5 and she continues with decreased sensation globally in her left foot. On physical exam 10-5-2015 the treating physician reports the injured worker has three quarters of an inch pelvic tilt with the right side lower than the left side, some tenderness over the sacroiliac joint and the trochanteric bursa with some limitation on flexion and internal rotation of her left hip and the Faber's test and pelvic rock are positive. The treating physician is requesting a left sacroiliac joint injection and a left trochanteric bursa injection. Per the treating physician the injured worker can return to modified duty as of 10-27-2015 with no lifting over 10 pounds, limited bending and twisting, and no working greater than 6 hours a day. A urine drug screen dated 9-15-2015 was positive for Oxazepam, Cannabinoids, Tapentadol, Desmethyl tapentadol, Zolpidem Carboxylic Acid, and Pregabalin. Treatment to date for the injured worker includes left sided L4-L5 microdiscectomy and decompression on 11-27-2013, left sacroiliac joint injection-left piriformis injection-left greater trochanter injection on 4-28-2014 (injured worker reports on 5-8-2014 she did not have

much pain relief from the injection), extraforaminal left side L5 nerve root decompression on 5-1-2015, physical therapy, and past medications including Vicodin 5-500, Tylenol #3, Ibuprofen 800mg, Lidoderm, Flexeril, Tizanidine, Hydrocodone 20mg, Norco 10-325mg, Lunesta 2mg, and current medications including Lyrica 75mg, Nucynta, Valium, and Ambien. A request for authorization was submitted on 10-29-2015 for left sacroiliac joint injection and left trochanteric bursa injection. The UR decision dated 11-18-2015 denied the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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 & Pelvis (Acute & Chronic) - Sacroiliac injections, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Sacroiliac injections, diagnostic.

Decision rationale: The requested Left Sacroiliac joint injection, is not medically necessary. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac injections, diagnostic, note: "Not recommended, including sacroiliac intra-articular joint and sacroiliac complex diagnostic injections/blocks (for example, in anticipation of radiofrequency neurotomy). Diagnostic intra-articular injections are not recommended (a change as of August 2015) as there is no further definitive treatment that can be recommended based on any diagnostic information potentially rendered (as sacroiliac therapeutic intra-articular injections are not recommended for non-inflammatory pathology)." The injured worker has left lower back pain which is rated 5 out of 10, left hip pain and pain in her left foot. On physical exam 10-26-2015 the treating physician reports the injured worker's left anterior tibialis is 3-5 and her evertors and invertors of her left foot are 4-5 and she continues with decreased sensation globally in her left foot. On physical exam 10-5-2015 the treating physician reports the injured worker has three quarters of an inch pelvic tilt with the right side lower than the left side, some tenderness over the sacroiliac joint and the trochanteric bursa with some limitation on flexion and internal rotation of her left hip and the Faber's test and pelvic rock are positive. Treatment to date for the injured worker includes left sided L4-L5 microdiscectomy and decompression on 11-27-2013, left sacroiliac joint injection-left piriformis injection-left greater trochanter injection on 4-28-2014 (injured worker reports on 5-8-2014 she did not have much pain relief from the injection). The treating physician has not documented the medical necessity for these blocks as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Left Sacroiliac joint injection is not medically necessary.

Left Trochanteric Bursa 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 & Pelvis (Acute & Chronic) - Sacroiliac injections, diagnostic.

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

Decision rationale: The requested Left Trochanteric Bursa injection, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Hip & Pelvis, Acute & Chronic; Trochanteric bursitis injections, note "Recommended. Gluteus medius tendinosis/tears and trochanteric bursitis/pain are symptoms that are often related, and commonly correspond with shoulder tendinosis and subacromial bursitis, though there is no evidence of a direct correlation between the hip and shoulder." The injured worker has left lower back pain which is rated 5 out of 10, left hip pain and pain in her left foot. On physical exam 10-26-2015 the treating physician reports the injured worker's left anterior tibialis is 3-5 and her evertors and invertors of her left foot are 4-5 and she continues with decreased sensation globally in her left foot. On physical exam 10-5-2015 the treating physician reports the injured worker has three quarters of an inch pelvic tilt with the right side lower than the left side, some tenderness over the sacroiliac joint and the trochanteric bursa with some limitation on flexion and internal rotation of her left hip and the Faber's test and pelvic rock are positive. Treatment to date for the injured worker includes left sided L4-L5 microdiscectomy and decompression on 11-27-2013, left sacroiliac joint injection- left piriformis injection-left greater trochanter injection on 4-28-2014 (injured worker reports on 5-8-2014 she did not have much pain relief from the injection). The treating physician has not documented objective evidence of functional improvement from a previous trochanteric injection. The criteria noted above not having been met, Left Trochanteric Bursa injection is not medically necessary.