

Case Number:	CM14-0127361		
Date Assigned:	08/15/2014	Date of Injury:	05/02/2014
Decision Date:	09/26/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old male with a date of injury of 5/2/2014. The body regions as part of this industrial claim include the low back, left hip, and left buttock. The patient carries diagnoses of lumbar radiculopathy, lumbar facet arthropathy, ischial bursitis, and hip pain. There has been conservative therapy with physical therapy and TENS unit. The disputed requests were for 12 session of PT and an ischial bursa injection with fluoroscopic guidance. These were request on 7/9/2014. The utilization review process had modified the request for 12 sessions to 6 session of PT and non-certified the ischial bursa injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, PT Topic.

Decision rationale: The injured worker is documented to have already 6 session of physical therapy so far. There have been some gains in functional improvement. The MTUS recommend

transition from formal physical therapy to self directed home exercises. The Official Disability Guidelines comment that for lumbar sprains/strain and lumbar radiculopathy the recommended physical therapy course is 10-12 visits. Therefore, an additional 12 sessions of physical therapy is not medically necessary.

One left ischial bursa injection with fluoroscopic guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate Online, "Bursitis: An overview of clinical manifestations, diagnosis, and management".

Decision rationale: Section of the California Medical Treatment Utilization Schedule states that: "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10." The Official Disability Guidelines, ACOEM, and MTUS do not have guidelines with respect to ischial bursitis injection. It is noted that the Official Disability Guidelines do support another type of bursa injection (greater trochanteric bursa injections). Therefore, other literature to support this is referenced. In this case, the progress note on 7/2/2014 documented trigger points and tenderness to palpation in the left ischial region on examination. The patient is participating in physical therapy, and a steroid injection can be helpful to decrease inflammation acutely and allow more complete participation in physical therapy. There are guidelines that recommend this type of injection as an option in management. Therefore, the request for one left Ischial bursa injection with fluoroscopic guidance is medically necessary and appropriate.