

Case Number:	CM14-0029913		
Date Assigned:	09/12/2014	Date of Injury:	08/15/2011
Decision Date:	10/28/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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 Family 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:

This injured worker is a 39 year old male with a reported date of injury of August 15, 2011. Mechanism of injury is reported as a bilateral leg injury due to dog bites, while performing the regular duties of his occupation as a kennel assistant. He suffered puncture wounds in the posterior part of his left knee joint and proximal calf. Diagnosis of prolonged posttraumatic stress disorder (309.81). An electromyography report, dated August 10, 2012, revealed an abnormal study with suggestive findings, but not diagnostic, of left tibial mononeuropathy, left sciatic mononeuropathy or S1 radiculopathy cannot be excluded and electrodiagnostic evidence of peroneal mononeuropathy at the left ankle. A pain and rehabilitation note, dated May 30, 2013, indicates the injured worker with complaints of left knee and left lower extremity pain. He was status post left knee arthroscopy on March 28, 2013, which he reported had helped decrease his pain, and had attended physical therapy that provided benefit with pain, range of motion and strength. At the time of the visit, he was continuing with a home exercise program four times per day and reported his pain as a seven out of ten with medication on the VAS scale. He was on buprenorphine, which helped decrease his pain. Physical examination at this visit revealed antalgic gait, significant tenderness over the left sacrotuberous ligament and left sided piriformis tenderness to palpation. It was noted that an MRI on August 22, 2012 showed multilevel degenerative disc disease, mild bilateral neural foraminal narrowing at L5-S1 with no severe neural foraminal narrowing at any lumbar level or central canal narrowing. He was diagnosed with left sacrotuberous strain and was recommended for a left sacrotuberous injection. A procedure note, dated July 23, 2013, indicates the injured worker underwent a fluoroscopic guided left sacrotuberous ligament injection under IV sedation. A pain and rehabilitation visit note dated September 5, 2013, indicates the injured worker reported some benefit from the left sacrotuberous injection, stating his pain level was a ten out of ten prior to the injection and

surgical interventions and now is at five to six out of ten on VAS. A pain and rehabilitation note, dated March 27, 2014, indicates the injured worker reported persistent severe lower extremity limb pain. The treating physician states that, after his last left sacrotuberous injection, he had a steady pain reduction of nearly 100%. It is noted that an agreed medical evaluation physician agreed made the recommendation that the injured worker undergo another left sacrotuberous injection. The injured worker is on multiple medications and has participated in physical therapy. Prior utilization review denied a retrospective request for 1 left lower extremity sacrotuberous injection DOS February 13, 2014 on February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 left lower extremity sacrotuberous injection DOS 2/13/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Worker's, Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Injections/Piriformis injections Other Medical Treatment Guideline or Medical Evidence: Regional Nerve Blocks And Infiltration Therapy: Textbook and Color Atlas, Third Edition, (edited by Danilo Jankovic). Lumbosacral region; 23 Iliolumbosacral ligaments

Decision rationale: Based on the clinical information provided, the retrospective request for 1 left lower extremity sacrotuberous injection DOS 2/13/14 is recommended as medically necessary. The injured worker sustained injuries to the left lower extremity secondary to a dog bite on 08/15/11. Per AME report dated 02/15/13, there clearly is some hamstring injury which is right by the sacrotuberous ligament. The injured worker underwent a sacrotuberous injection on 07/23/13, and follow-up note dated 08/08/13 reported that the injured worker had about 70% pain relief with the injection. Per AME report dated 10/17/13, future treatment recommendations noted that the injured worker had significant improvement in pain subsequent to sacrotuberous injection and if his pain recurs, a repeat injection would be appropriate. A repeat injection was performed on 02/13/14. Progress report dated 02/27/14 indicated that the injured worker experienced nearly 100% pain relief following this injection. Based on the clinical information provided, the repeat injection on 02/13/14 was indicated as medically necessary.