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| <b>Case Number:</b>   | CM14-0216022 |                              |            |
| <b>Date Assigned:</b> | 01/06/2015   | <b>Date of Injury:</b>       | 09/16/2011 |
| <b>Decision Date:</b> | 02/28/2015   | <b>UR Denial Date:</b>       | 12/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/23/2014 |

### 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. 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: Physical Medicine & Rehabilitation, 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:

This is a patient with a date of injury of September 16, 2011. A utilization review determination dated December 3, 2014 recommends noncertification for an ischial bursa injection under ultrasound guidance. Noncertification is recommended due to lack of physical examination findings supporting the ischial bursa as the patient's pain generator. A progress report dated December 18, 2014 identifies subjective complaints of low back pain. The note indicates that the patient received an SI joint ablation on October 31, 2014 from which he has more than 50% relief. He feels that prior sacral trigger point injections worked better for him. The note states that he did "get relief from the issue will burst injection done a week ago, but continues to have pain in his buttocks as well as low back, above the ablation site." The note indicates that he cannot sit flat in a chair due to pain in his buttocks. Diagnoses include spondylosis of the lumbar spine, facet joint syndrome, lumbar degenerative disc disease, and a lumbago. The treatment plan recommends issue bursa and sacral trigger point injections under ultrasound guidance. The treatment plan goes on to indicate that the patient has undergone 6 weeks of conservative treatment and failed to respond to physical therapy, time, rest, and medication. The patient has tenderness to palpation over the issue bursa.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ischial bursa injection under ultrasound guidance: 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 and Pelvis Chapter

**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 Chapter, Trochanteric Bursitis Injections

**Decision rationale:** Regarding the request for ischial bursa injection, Chronic Pain Medical Treatment Guidelines and ODG do not address the issue. ODG states for trochanteric bursitis, an analogous condition, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief. Steroid injection should be offered as a first-line treatment of trochanteric bursitis, particularly in older adults. Trochanteric corticosteroid injection is a simple, safe procedure that can be diagnostic as well as therapeutic. Use of a combined corticosteroid-anesthetic injection typically results in rapid, long-lasting improvement in pain and in disability. Guidelines generally recommend documentation of analgesic efficacy and objective functional improvement for at least 6-8 weeks in order to recommend repeating interventional procedures. Within the documentation available for review, the patient appears to have numerous pain generators including trigger points, sacroiliac pathology, pain above the sacroiliac joint, and possibly ischial bursitis. Physical examination findings are relatively nonspecific in identifying the ischial bursa as the primary remaining pain generator. Additionally, there is no documentation of the degree of analgesic efficacy, objective functional improvement, or duration of relief from the previous ischial bursa injection. Finally, guidelines do not generally recommend performing 2 different injections at the same time due to decreased diagnostic validity, and the currently recommended treatment is ischial bursa injection along with trigger point injections. In the absence of clarity regarding those issues, the currently requested issue of bursa injection is not medically necessary.