MAXIMUS Federal Services

Case Number:	CM15-0170810		
Date Assigned:	09/23/2015	Date of Injury:	08/05/2002
Decision Date:	11/17/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/31/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 69 year old male who sustained an industrial injury on 08-05-2002. According to a progress report dated 04-30-2015, the injured worker reported pain in the low back area into the left gluteus and down the left leg into the left medial aspect of the knee. He continued with nonsteroidal anti-inflammatory medications and use of TENS unit. He had also received a Toradol injection that subsequently improved his pain enough to allow him to drive home. He reported that he was having an "exceptional" amount of pain. Treatments have included nerve blocks in 2003, TENS unit, heat and massage therapy. Medications included Ambien, APAP with Codeine, Aspirin, Celebrex, Cyclobenzaprine and Duloxetine. Past medications included Celebrex, Neurontin and Toradol. Assessment included left ischial bursitis, left disc displacement rupture, left facet arthropathy, left lower extremity radiculopathy, status post lumbar spine surgery syndrome, low back pain and obesity. According to a progress report dated 05-11-2015, the injured worker reported that following the universal injection at his last visit, he was not able to sit for extended periods of time without having to use a seat cushion or a doughnut. He was extremely pleased with his improvement with pain. The provider noted that the injured worker could follow up in 3 months or sooner if he needed further injection this bursa. Current pain was rated 4 on a scale of 1-10. Associated symptoms included muscle spasm and tightness. On 08-19-2015, Utilization Review non-certified the request for bursal injections x 3 and authorized the request for retro bursal injection date of service 04-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bursal injections x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Work Loss Data Institute (20th annual edition) 2015, 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, bursitis.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG does state that injections for bursitis of the hip are a recommended treatment option. The patient has exam findings indicative of bursitis. However, the request is for 3 injections. The need for more than one injection without clear benefit as measured by objective improvement in pain and function form the initial injection is not medically necessary.