

Case Number:	CM15-0026569		
Date Assigned:	02/18/2015	Date of Injury:	04/07/2010
Decision Date:	04/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/11/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old female, who sustained a work/ industrial injury on 4/7/10. She has reported symptoms of neck pain with radiation down both arms, low back with radiation to right hip. Pain was rated 7/10 with medication. Prior medical history was not listed. The diagnoses have included cervical radiculopathy, post cervical laminectomy syndrome, spasm of muscle. Treatments to date included medication, physical therapy, acupuncture, biofeedback, trigger point injections, psychotherapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit and exercise. Diagnostics included an EMG/NCV that demonstrated mild lumbar radiculopathy affecting the right L5 nerve root or less likely the S1. Cervical MRI demonstrated foraminal narrowing on the right at C5-6 which possibly was causing C6 nerve root impingement. Medications included Percocet, Amlodipine Besylate, Omeprazole, Plaquinil, and Tylenol EX-Strength. Examination noted an antalgic gait, limited cervical range of motion, paravertebral muscles, hypertonicity, spasm, tight muscle band and trigger point noted on both sides of cervical spine. Lumbar spine exam noted limited range of motion with flexion to 40 degrees and extension to 10 degrees, lumbar facet loading was positive on the right side, negative straight leg raises, trigger point with radiating pain and twitch response on palpation of lumbar paraspinal muscles on right. On 2/2/15, Utilization Review non-certified a Referral to an orthopedic surgeon and Right trochanteric bursa injection, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines; American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an orthopedic surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7 Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)." There is no documentation that the patient response to pain therapy falls outside the expected range. The patient's treatment regimen could improve her pain and limit the need for a referral to a specialist. In addition, there is no documentation of red flags indicating the need for an orthopedic consultation. Therefore, the request for Referral to an orthopedic surgeon is not medically necessary at this time.

Right 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Intra-articular steroid hip injection (IASHI), <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, intra-articular steroid hip injection "not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. (Brinks, 2011) Intraarticular glucocorticoid injection with or without elimination of weight-bearing does not reduce the need

for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. (Villoutreix, 2005) A survey of expert opinions showed that substantial numbers of surgeons felt that IASHI was not therapeutically helpful, may accelerate arthritis progression or may cause increased infectious complications after subsequent total hip arthroplasty. (Kasper, 2005) Historically, using steroids to treat hip OA did not seem to work very well, at least not as well as in the knee. However, the hip joint is one of the most difficult joints in the body to inject accurately, and entry of the therapeutic agent into the synovial space cannot be ensured without fluoroscopic guidance. Fluoroscopically guided steroid injection may be effective. (Lambert, 2007) Corticosteroid injections are effective for greater trochanteric pain syndrome (GTPS) managed in primary care, according to a recent RCT. GTPS, also known as trochanteric bursitis, is a common cause of hip pain. In this first randomized controlled trial assessing the effectiveness of corticosteroid injections vs usual care in GTPS, a clinically relevant effect was shown at a 3-month follow-up visit for recovery and for pain at rest and with activity, but at a 12-month follow-up visit, the differences in outcome were no longer present. (Brinks, 2011) See also Sacroiliac joint blocks; Sacroiliac joint radiofrequency neurotomy; Trochanteric bursitis injections; Intra-articular growth hormone (IAGH) injection." There is no evidence that the patient failed conservative therapies or have recent documentation of severe osteoarthritis or trochanteric bursitis. Therefore, Right trochanteric bursa injection is not medically necessary.