

Case Number:	CM15-0072221		
Date Assigned:	04/22/2015	Date of Injury:	08/09/2000
Decision Date:	06/30/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/15/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old female, who sustained an industrial injury on 8/9/00. She reported pain in the mid and low back. The injured worker was diagnosed as having lumbago, myofascial pain syndrome and trochanteric bursitis. Treatment to date has included Toradol injections and oral pain medications. As of the PR2 dated 3/11/15, the injured worker reports continued pain in the sacroiliac joint that radiates to the hip, buttock, piriformis muscle and groin. She reports having a difficult time walking due to the pain. The treating physician noted tenderness and a positive Patrick's test. The treating physician requested a left sacroiliac joint injection, a piriformis injection, a trochanteric bursa injection and Norco 10/325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Sacroiliac joint.

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 Chapter/Sacroiliac Joint Blocks Section.

Decision rationale: The MTUS Guidelines do not address the use of sacroiliac joint injections. The ODG recommends sacroiliac joint blocks as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks include 1) history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. 2) diagnostic evaluation must first address any other possible pain generators. 3) the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. 4) blocks are performed under fluoroscopy. 5) a positive diagnostic response is recorded as 80% for the duration of the local anesthetic, and if the first block is not positive, a second diagnostic block is not performed. 6) If steroids are injected during the initial injection the duration of pain relief should be at least 6 weeks with at least >70% pain relief recorded for this period. 7) in the treatment phase the suggested frequency for repeat blocks is 2 months or longer provided that at least 70% pain relief is obtained for 6 weeks. 8) the block is not to be performed on the same day as a lumbar epidural steroid injection, transforaminal epidural steroid injection, facet joint injection or medial branch block. 9) in treatment phase the interventional procedures should be repeated only as necessary judging by the medical necessity criteria and should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. The injured worker has had a previous S1 joint injection, however, there is no documentation of the amount of pain relief experienced or the duration of the relief. The request for left SI Joint Injection is determined to not be medically necessary.

Piriformis Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Piriformis injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section Piriformis Injections.

Decision rationale: MTUS guidelines do not address piriformis muscle lidocaine injections, therefore, alternative guidelines have been referenced. The ODG recommends lidocaine injections for piriformis syndrome after a one-month physical therapy trial. Piriformis syndrome is a common cause of low back pain and accounts for 6-8% of patients presenting with buttock pain, which may variably be associated with sciatica, due to a compression of the sciatic nerve by the piriformis muscle (behind the hip joint). The injured worker has had a previous piriformis injection without documentation of subjective or objective functional improvement and decrease of symptoms. The request for Piriformis Injection is determined to not be medically necessary.

Trochanteric Bursa Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Trochanteric bursitis injections.

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 Section/Trochanteric Bursitis Injections.

Decision rationale: The MTUS Guidelines do not address the use of trochanteric injections. ODG recommends the use of corticosteroid injection for trochanteric pain. Corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief. Trochanteric bursitis is the second leading cause of hip pain in adults, and a steroid-anesthetic single injection can provide rapid and prolonged relief, with a 2.7-fold increase in the number of patients who were pain-free at 5 years after a single injection. 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. Particularly in older adults, corticosteroid injection should be considered as first-line treatment of trochanteric bursitis because it is safe, simple, and effective. The injured worker has had a previous trochanteric bursa injection without documentation of increase function or duration of improvement. The request for Trochanteric Bursa Injection is determined to not be medically necessary.

Norco 10/325mg. Qty. 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. There is no risk assessment profile on record for this injured worker. Previous reviews have been non-certified due to noncompliance with mandated requirements. Additionally functional gains from the use of the medication is not documented. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg. Qty. 180 is determined to not be medically necessary.