

Case Number:	CM15-0075915		
Date Assigned:	04/27/2015	Date of Injury:	03/29/2013
Decision Date:	05/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/21/2015

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 53-year-old female, who sustained an industrial injury on 3/29/2013. She reported injuring her back in a motor vehicle accident. Diagnoses have included sacroiliac arthropathy, greater trochanteric bursitis and lumbar spine pain. Treatment to date has included physical therapy, acupuncture, massage therapy and medication. According to the progress report dated 4/2/2015, the injured worker complained of pain in her lower back, left and right buttock, and left and right hip. She rated her average pain as 7/10. The injured worker was treated with sacroiliac joint injection in November 2014 with significant pain relief. Physical exam revealed tenderness over the sacroiliac spine. Pelvic compression test was positive. Authorization was requested for bilateral sacroiliac joint injection and bilateral greater trochanteric bursa injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint 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 (ODG).

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 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. Although it has been greater than 2 months since the injured worker's last injection, the previous injection provided complete relief that only lasted 2 weeks. This therapeutic response does not meet the criteria recommended by the ODG. The request for bilateral sacroiliac joint injection is determined to not be medically necessary.

Bilateral greater trochanteric bursa injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 request for bilateral greater trochanteric bursa injection is considered to be medically appropriate.