

Case Number:	CM15-0096277		
Date Assigned:	05/26/2015	Date of Injury:	07/08/2011
Decision Date:	07/03/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/19/2015

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: Emergency 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:

This 60 year old female sustained an industrial injury on 7/8/2011. Diagnoses include lumbago, enthesopathy of hip and carpal tunnel syndrome. The injured worker continues to experience pain in the back, hips and wrists. Upon examination, Phalen's and Tinel's tests are positive at the wrist. There is tenderness at the lumbar facet joints and right sacroiliac joint. Grip strength is decreased. A request for SI joint injection, piriformis injection, trochanteric bursa injection and evaluation with hand surgeon was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI 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), Hip and Pelvis Chapter, SI 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 & Pelvis (Acute & Chronic), Sacroiliac joint blocks.

Decision rationale: The requested SI joint injection, is not medically necessary. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks, note criteria for such injections as "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management." The injured worker has continues to experience pain in the back, hips and wrists. Upon examination, Phalen's and Tinel's tests are positive at the wrist. There is tenderness at the lumbar facet joints and right sacroiliac joint. The treating physician has not documented three physical exam criteria for sacroiliac dysfunction nor failed trials of aggressive conservative therapy of the sacroiliac joint. The criteria noted above not having been met, SI joint injection, is not medically necessary.

Pinformis 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), 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 (Acute & Chronic), Piriformis injections.

Decision rationale: The requested Piformis injection, is not medically necessary. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Piriformis injections Recommended for piriformis syndrome after a one-month physical therapy trial. The injured worker has continues to experience pain in the back, hips and wrists. Upon examination, Phalen's and Tinel's tests are positive at the wrist. There is tenderness at the lumbar facet joints and right sacroiliac joint. The treating physician has not documented failed trials of aggressive conservative therapy of this anatomical region. The criteria noted above not having been met, Piformis injection is not 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 Official Disability Guidelines (ODG), 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 (Acute & Chronic), Trochanteric bursitis injections.

Decision rationale: The requested Trochanteric bursa injection, is not medically necessary. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Trochanteric bursitis injections "Recommended. Gluteus medius tendinosis/tears and

trochanteric bursitis/pain are symptoms that are often related, and commonly correspond with shoulder tendinoses and subacromial bursitis, though there is no evidence of a direct correlation between the hip and shoulder. All of these disorders are associated with hip pain and morbidity. (Cormier, 2006) (Lonner, 2002) (Bird, 2001) (Chung, 1999) (Kingzett-Taylor, 1999) (Howell, 2001) For trochanteric pain, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief (level of evidence, C). 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." Upon examination, Phalen's and Tinel's tests are positive at the wrist. There is tenderness at the lumbar facet joints and right sacroiliac joint. The treating physician has not documented failed trials of aggressive conservative therapy of this anatomical region. The criteria noted above not having been met, Trochanteric bursa injection is not medically necessary.

Evaluation with hand surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Part 1: Introduction Page(s): 1.

Decision rationale: The requested SI joint injection, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has continues to experience pain in the back, hips and wrists. Upon examination, Phalen's and Tinel's tests are positive at the wrist. There is tenderness at the lumbar facet joints and right sacroiliac joint. The treating physician has not documented complete failed conservative treatments. The treating physician did not adequately document the medical necessity for this consult nor how the treating physician is anticipating this consult will affect treatment. The criteria noted above not having been met, Evaluation with hand surgeon, is not medically necessary.