

<b>Case Number:</b>	CM13-0016842		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	06/29/2000
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 59-year old female with a date of injury of 6/29/00. Mechanism of injury was a fall down stairs. The patient has chronic symptoms and is being followed by a pain/PM&R specialist for diagnoses of lumbago, myalgia and trochanteric bursitis. She has had extensive conservative care, including chiro, PT, TENS, steroid injections, botox injections, SI joint injection, piriformis injection and trochanteric injection. On 7/01/13 follow-up report, the patient was reporting pain in the left leg in an L5 distribution. Medications were somewhat helpful. Exam shows multiple tender points, Pelvic compression was positive. Patrick's was positive. There was bilateral trochanteric bursa tenderness. There was SI joint tenderness. ROM was reduced and painful. Recommendation was made for a "triple block", consisting of piriformis injection, trochanteric injection and sacroiliac joint injection. This was submitted to utilization review on 8/13/14, and the procedure was not recommended for certification, as there was no clear necessity to do three separate types of injections simultaneously and there was no report of the benefit from prior trochanteric injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TROCHANTERIC BURSA INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Trochanteric bursitis injections

**Decision rationale:** The California MTUS and ACOEM are silent on this type of injection, therefore, consider ODG. Guidelines do recommend this type of injection for trochanteric bursitis, and state that this should be offered as first-line treatment of trochanteric bursitis. In this case, however, the diagnosis was vague, and non-specific for bursitis. Reports also indicate that in addition to the trochanter injection, the doctor wanted to inject the piriformis and the sacroiliac injection. There is no clear necessity for multiple different types of injections to multiple body parts to be done simultaneously (a triple block), as this completely obliterates any diagnostic benefit to any single injection. Finally, this patient reportedly has had this injection done before without clear documentation of a beneficial response. Medical necessity of a trochanteric bursa injection was not established.