

Case Number:	CM13-0020381		
Date Assigned:	10/11/2013	Date of Injury:	02/11/2009
Decision Date:	02/06/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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 physician 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:

The patient is a 66 year old injured worker with date of injury of 2/11/09. Initial injury was a L4 burst fracture with subsequent de-compressive surgery and laminectomy, followed by hardware removal in 2010 and 2011. Current medications include Lunesta. Medical records show patient had complaints of constant low back pain and right hip pain since the accident, with radiation to the legs right more than left. Physical exam demonstrated hip pain with internal rotation when in a supine position but not sitting. Pain to palpation was present over right hip more than left. Patient was subsequently given the diagnosis of bilateral hip pain. There are no recorded imaging studies of the hips. Documentation reveals that patient has had previous bursa injections that resulted in no improvement, number of injections not documented. The patient had a diagnostic block of the right trochanteric bursa, which helped pain for approximately 20 minutes. Disputed request is for a repeat right trochanteric bursa diagnostic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic block right trochanteric bursa, quantity 1: 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, Tochanteric 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 And Pelvis, Trochanteric Bursitis Injections.

Decision rationale: The Official Disability Guidelines (ODG) support trochanteric steroid injections as a first-line treatment for trochanteric bursitis. This patient had previously received a diagnostic trochanteric bursa block that did not provide ongoing pain relief. A repeat diagnostic block right trochanteric bursa, quantity 1, is not medically necessary and appropriate.