

<b>Case Number:</b>	CM13-0046807		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Anesthesia, has a subspecialty in Pain Medicine, 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:

The patient is a 61-year-old injured worker with date of injury January 5, 2012 with related pain in the right hip area that is constantly present. She does not have back pain. She is not currently complaining of claudication. On March 8, 2012, the patient had right femoral artery pseudoaneurysm and thrombosis of the right aortofemoral bypass graft, and pseudoaneurysm of the left common femoral artery. An MRI of the right hip in May of 2012 had negative findings. On March 14, 2013 an injection was administered to her right groin region, the injection provided benefit for only about five minutes. The date of UR decision was September 13, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LUMBAR SPINE:** 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) Low Back, MRIs.

**Decision rationale:** According to the Official Disability Guidelines, indications for magnetic resonance imaging (MRI) includes thoracic spine trauma with neurological deficit, and uncomplicated low back pain, with radiculopathy, after at least one month of conservative

therapy, or sooner if severe or progressive neurologic deficit. The documentation submitted for review do not include evidence of radiculopathy, neurologic deficit, or conservative therapy. The request for an MRI of the lumbar spine is not medically necessary or appropriate.

**INJECTION TO THE RIGHT GREATER TROCHANTER:** 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 & Pelvis Chapter, Trochanteric Bursitis Injections Section.

**Decision rationale:** According to the Official Disability Guidelines, trochanteric bursitis injections are 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. For trochanteric pain, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief (level of evidence). 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 five 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. Though it is not an explicit criteria for this treatment, it should be noted that the injured worker had an injection administered to her right groin region May 14, 2013, and it provided benefit for only about five minutes. The request for an injection to the right greater trochanter is not medically necessary or appropriate.