

<b>Case Number:</b>	CM13-0055562		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/10/2009
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 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 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 52-year-old female who reported an injury on 12/10/2009. The mechanism of injury was not provided. The note dated 10/28/2013 indicated the patient had complaints of pain of the neck, back, and right shoulder. The patient reported that she was having a lot of left side trochanteric pain due to lying on her side to relief pressure. Upon examination the patient was noted to have a nonantalgic gait. There were not assistive devices used for walking. The diagnoses provided were low back pain, shoulder pain, carpal tunnel syndrome and hypertension. Upon examination of the low back it was noted that the patient was having reactive SI and trochanteric flare-up pain because of her position. It was noted that the patient had a trochanteric bursa injection in the past and responded well. An MRI of the lumbar spine dated 01/2012 showed slight diffuse annulus bulge at L5/S1 in the midline with minimal compression of the caudal sac, and annulus bulge at L4-5 without compression to the caudal sac; degenerative changes at L5-S1, and fatty and infiltrate of the filum terminale form at L3-S1, but the conus medullaris is in normal position. The patient had complaints of pain in the left lateral leg and worsening of the leg pain when she sits too long.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left trochanteric bursa injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG web Hip & Pelvis Trochanteric 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 & Pelvis, Trochanteric Bursitis Injections

**Decision rationale:** The California MTUS/ACOEM does not address trochanteric bursa injections. However, the Official Disability Guidelines state that trochanteric bursitis injections are recommended. Gluteus medius tendinosis/tears and trochanteric bursitis/pain or symptoms that are often related, and commonly correspond with shoulder tendinosis and subacromial bursitis, that there is no evidence of 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. Trochanteric bursitis is the second leading cause of hip pain in adults, and the steroid anesthetic single injection can provide rapid and prolong relief, with a 2.7 fold increase in the number of patients who are pain free at 5 years after a single injection. The records provided for review indicated the patient was having a reactive SI and trochanteric flareup of pain because of her position. The notes also indicated the patient had a previous trochanteric bursa injection in the past and responded well. The records provided for review failed to indicate the duration of the pain relief the patient had had since her previous trochanteric bursa injection. Official Disability Guidelines states that a number of patients were pain free at 5 years after a single injection. In addition, the records provided for review failed to show documentation of objective findings to support a trochanteric bursa injection. As such, the request for left trochanteric bursa injection is not supported. Therefore, the request is non-certified

**Trigger point injections left glute and piriformis muscles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** The California MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value. Trigger point injections are not recommended for radicular pain. The criteria for use of trigger point injections are there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms must have persisted for more than 3 months; medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDS and muscle relaxants have failed to control pain; and radiculopathy is not present by exam, imaging or neuro testing. The records provided for review failed to show objective findings of evidence upon palpation of a twitch response as well as referred pain; the duration of symptoms were not provided; there was not documentation of medical management therapy such as ongoing

stretching exercises, physical therapy, NSAIDS and muscle relaxants that have failed to control the patient's pain. As such, the request for trigger point injections to the left gluteal and piriformis muscle is not supported. Therefore, the request is non-certified.