

<b>Case Number:</b>	CM13-0056999		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/15/1987
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 57-year-old female who reported an injury on 05/15/1987. The mechanism of injury was not provided in the medical records. The clinical note dated 11/04/2013 noted that the injured worker complained of pain to the left hip with more tenderness than pain. The injured worker continued to note low back pain with bilateral sciatica pain. The injured worker noted that previous epidural steroid injections and facet joint injections were ineffective. Current medications as of the clinical note dated 11/04/2013 were Prilosec 20 mg 1 twice a day, Kadian extended release 50 mg capsules 1 twice daily, Norco 10/325 mg tablets 1 every 6 hours as needed, Zanaflex 4 mg capsules 1 twice a day as needed, Ambien 5 mg 1 at bedtime as needed, lorazepam 1 mg tablet to take 1 as needed, Zantac 150 mg tablets to take one 3 times a day. A urine drug screen was done, and the prescription medication lorazepam was not detected. Physical exam noted that the injured worker had a slow gait and was assisted by the use of a cane to ambulate. All lower extremity reflexes were equal and symmetric. Left hip tenderness was noted over the trochanter. The injured worker did state her left hip pain has improved, but still has some localized tenderness. The diagnoses given for this clinical exam were lumbar radiculopathy, post lumbar laminectomy syndrome, spinal lumbar degenerative disc disease and low back pain. The clinical note reviewed an MRI of the lumbar spine dated 02/24/2013. The Request for Authorization for Medical Treatment dated 11/06/2013 requested a bursa injection to the left greater trochanter and was signed by the provider, no rationale noted in the documentation for review.

### 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 Official Disability Guidelines

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

**Decision rationale:** The Official Disability Guidelines state that trochanteric bursitis is the second-leading cause of hip pain in adults, and steroid/anesthetic single injections can provide rapid and prolonged relief. Steroid injections should be offered as the first-line of treatment of trochanteric bursitis, particularly in older adults. A trochanteric corticosteroid injection is a simple, safe procedure that can be diagnostic as well as therapeutic. The use of a combined corticosteroid anesthetic injection typically results in rapid, long-lasting improvement in pain and disability. Particularly in older adults, corticosteroid injections should be considered as the first-line of treatment of trochanteric bursitis because they are safe, simple and effective. Corticosteroid injections are effective for greater trochanteric pain syndrome managed in primary care. The patient was noted to have tenderness at the left trochanter; however, it was noted the patient had not been able to begin physical therapy, although it was recommended. Therefore, an adequate trial of conservative care to address the patient's left trochanter pain has not been provided. The clinical information provided did not indicate the patient's tenderness at the left trochanter was significantly affecting her functional abilities. Therefore, the request is not medically necessary and appropriate.