

Case Number:	CM14-0104230		
Date Assigned:	07/30/2014	Date of Injury:	05/18/2011
Decision Date:	09/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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 Occupational 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:

Injured worker is a male with date of injury 5/18/2011. Per comprehensive medical legal evaluation report dated 7/15/2014, the injured worker complains of right low back pain radiating to right buttock. His right greater trochanter injection was denied. His fluoroscopically guided right L4-L5 and right L5-S1 facet joint radiofrequency nerve ablation was approved. Exacerbating factors include bending, twisting, lifting, and there are no mitigating factors. On examination there is tenderness upon palpation of the right lumbar paraspinal muscles overlying the right L4-L5 and right L5-S1 facet joints and right greater trochanter. Lumbar ranges of motion were restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. Lumbar discogenic provocative maneuvers were negative bilaterally. Sacroiliac provocative maneuver, Patrick's, was positive on the right. Nerve root tension signs were negative bilaterally. Sustained hip flexion was positive on the right and negative on left. Muscle stretch reflexes are 1 and symmetric bilaterally in all limbs. Clonus and Babinski's signs are absent bilaterally. Muscle strength is 5/5 in all limbs. Diagnoses include 1) positive diagnostic right L4-L5 and right L5-S1 medial branch block 2) right lumbar facet joint pain at L4-L5 and L5-S1 3) lumbar facet joint arthropathy 4) lumbar degenerative disc disease 5) small right paracentral disc protrusion at L4-L5 6) grade 1 retro L3 7) chronic low back pain 8) right knee internal derangement 9) status post right knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

In office right greater trochanter hip injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines do not address the use of steroid injections to treat trochanteric bursitis. The ODG recommends trochanteric bursitis injection as it is safe and highly effective. The claims administrator reports that there the medical documentation does not disclose that the patient has greater trochanteric bursitis. The reevaluation done in response to the denial of the request for greater trochanteric bursitis also does not document any subjective complaints or objective findings, nor any diagnosis related to greater trochanteric bursitis. In the treatment plan, however, the requesting physician reports that the request for right greater trochanter hip injection is medically necessary to treat the injured worker's right hip pain, which has failed physical therapy, NSAIDs, and conservative treatments His physical examination findings include tenderness of the right greater trochanter upon palpation. The request for In office right greater trochanter hip injection is determined to be medically necessary.