

Case Number:	CM14-0106233		
Date Assigned:	07/30/2014	Date of Injury:	01/15/2000
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 52-year-old male who reported an injury on 01/15/2000 due to slipping on some wet leaves and falling. The diagnoses for the injured worker were spasm of muscle, cervical pain, shoulder pain, lumbar radiculopathy, spinal lumbar degenerative disc disease, radiculopathy. Past treatments for the injured worker have been massage therapy, aqua therapy, physical therapy, TENS unit, spinal cord stimulator, epidural steroid injections, trigger point injections, steroid injections to hips and surgeries. Diagnostic studies for the injured worker were MRI of the lumbar spine, and x-rays. Past surgeries were lumbar fusion in 2002 and bilateral shoulder surgery. The injured worker had a physical examination on 06/05/2014 that revealed complaints of neck pain, upper back pain, mid back pain, lower back ache, left shoulder pain, left hip pain, left knee pain, left ankle pain and left foot pain. The injured worker rated his pain with medications as a 6 on a scale of 1 to 10. The injured worker rated his pain without medication as a 10/10. Physical examination revealed the injured worker could not walk on heel, could not walk on his toes. Lumbar facet loading was positive on both sides. Stretch of the piriformis was negative. Straight leg raise test was positive on the left side while sitting at a 60 degree angle. Examination of the hips revealed no limitation was noted in flexion, extension, abduction, or adduction, internal rotation or external rotation. Tenderness was noted over the trochanter. Fabere test was negative. Motor testing was limited by pain. Motor strength was 4+/5 on the left, ankle dorsiflexor was 4+/5 on the left, plantar flexors were 5-/5 on the left. Sensory examination with light touch was decreased over a lateral calf on the left side. Examination of deep tendon reflexes, knee jerk was 2/4 on the right side and 2/4 on the left side, ankle jerk was 1/4 on the right side and 1/4 on the left side. Medications for the injured worker were Effexor XR 75 mg, Flector 1.3% patch, Lyrica 150 mg, Lyrica 50 mg, methocarbomal 750 mg, MS Contin 30 mg, Norco 10/325 mg, Zanaflex 4 mg, diazepam 2 mg, Dilaudid 2 mg, Hydrocodone/acetaminophen

10/325 mg, Lyrica 200 mg, and Robaxin 750 mg. The treatment plan for the injured worker was for bilateral hip bursa injections to address persistent pain complaints. The rationale for the left hip trochanteric bursa injection was that previously the injured worker has had injections with excellent pain relief. The Request For Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Hip trochanteric bursa injection as outpatient: 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 & 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, Trochanteric Bursitis Injections.

Decision rationale: The request for 1 left hip trochanteric bursa injection as outpatient is non-certified. The Official Disability Guidelines states for trochanteric bursitis injections it is recommended. The gluteus medius tendonosis/tears and trochanteric bursitis/pain are symptoms that are often related, and commonly correspond with shoulder tendonosis 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. Use of a combined corticosteroid- anesthetic injection typically results in rapid, long lasting improvement in pain and in disability. It was noted that the injured worker had excellent pain relief from receiving previous trochanteric bursa injections. It was not noted if the functional improvement in various outcomes and increased activities of daily living that the injection had given to the injured worker. Pain outcomes and VAS (visual analog scale) scores were not reported after the injured worker had received those injections although the injured worker has reported pain relief but there was no functional improvement reported from receiving the trochanteric bursa injection previously. Therefore, the request is non-certified.