

<b>Case Number:</b>	CM14-0106234		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	01/15/2000
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old male with a 1/15/00 date of injury. At the time (6/4/14) of the Decision for 1 right hip Trochanteric bursa injection as outpatient, there is documentation of subjective (low back, left hip, left knee, and left foot pain) and objective (restricted and painful lumbar spine range of motion, tenderness to palpation over the paravertebral muscles, positive lumbar facet loading, and positive straight leg raise) findings, current diagnoses (spasms of muscle, lumbar radiculopathy, lumbar degenerative disc disease, and cervical pain), and treatment to date (medications, physical therapy, lumbar epidural steroid injection, and trigger point injection). There is no (clear) documentation of Trochanteric bursitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 RIGHT 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, HIP AND PELVIS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Trochanteric bursitis injections

**Decision rationale:** The MTUS does not address this issue. The ODG supports a Trochanteric corticosteroid injection as a first-line treatment of Trochanteric bursitis. Within the medical information available for review, there is documentation of diagnoses of spasms of muscle, lumbar radiculopathy, lumbar degenerative disc disease, and cervical pain. However, despite documentation of subjective (low back, left hip, left knee, and left foot pain) and objective (restricted and painful lumbar spine range of motion, tenderness to palpation over the paravertebral muscles, positive lumbar facet loading, and positive straight leg raise) findings, there is no (clear) documentation of Trochanteric bursitis. Therefore, based on guidelines and a review of the evidence, the request for 1 right hip Trochanteric bursa injection as outpatient is not medically necessary.