MAXIMUS Federal Services

| Case Number: | CM14-0014189 | | |
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| Date Assigned: | 02/26/2014 | Date of Injury: | 09/19/2011 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/24/2014 |
| Priority: | Standard | Application Received: | 02/04/2014 |

## 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 Internal 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:

Patient is an injured worker with lumbar back and left hip conditions with a date of injury of 09-19-2011. Initial physical medicine and rehabilitation consultation 01/14/2014 by [redacted] provided a case summary: History of present injury: Patient's chief complaint is that of low back pain that radiates into the left hip. Her job is not labor intensive, but she states her knees gave out as she was reaching for a folder. She fell down to the floor in a forward manner. She sustained the most significant injury to her left knee for which treatment culminated in a patellofemoral arthroplasty on 03/17/2012. She is recovering slowly from this injury. The secondary injury that occurred was that to her low back. Since that time, she has complained of low back pain that radiates into the left lateral hip. She had been diagnosed with trochanteric bursitis after an MRI study did not reveal any nerve root impingement. The radiologist attempted to provide an image-guided injection, but the patient did not tolerate the procedure as she was not sedated, and she has a fear of needles. Today, she presents with similar complaints of constant, moderate-to-severe pain in the low back and left lateral hip. The pain has burning, deep, or shooting qualities depending upon her level of activity. Pain is certainly worsened with weight bearing activities or leaning or lying on the left side. Presently, she denies any numbness or tingling. She reports lower extremity weakness, but her situation is compounded by the history of surgery on the left knee and also history of a similar surgery completed on the right knee in 2008. She ambulates with a cane. Examination: General - alert female in no distress. She appears physically deconditioned with a weight of 293 pounds and a height of 5 feet 5 inches. Her gait is labored with the use of a singie-point cane. Back - Lumbar motion is limited to 45 degrees of flexion and 10 degrees of extension. There is considerable tenderness across the left greater trochanter. There is weakness to the gluteus medius. Straight leg raise tests are negative. No motor or sensory impairment. Diagnoses: Left greater trochanteric bursitis due to antalgic gait and direct injury.

Aggravation of left knee patellofemoral pain, status post patellofemoral arthroplasty. History of right patellofemoral pain, status post surgical treatment. Treatment plan: Recommend a left greater trochanteric bursal injection. This had already been authorized, but never completed. To complete this injection appropriately in this needle-phobic person, recommend Valium as a premedication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LT GREATER TROCHANTER BURSAL INJECTION WITH VALUIM:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS : Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic).

**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 (Acute & Chronic)

**Decision rationale:** Medical treatment utilization schedule (MTUS) does not address trochanteric bursitis injections. Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) stated that trochanteric bursitis injections are recommended. 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 a steroid-anesthetic single injection can provide rapid and prolonged relief. Steroid injection should be offered as a first-line treatment of trochanteric bursitis. Trochanteric corticosteroid injection is a simple, safe procedure that can be diagnostic as well as therapeutic. Use of a combined corticosteroid-anesthetic injection typically results in rapid, long-lasting improvement in pain and in disability. Particularly in older adults, corticosteroid injection should be considered as first-line treatment of trochanteric bursitis because it is safe, simple, and effective. The diagnosis of trochanteric bursitis was based on precise clinical signs without significant contribution from laboratory tests or radiologic signs. A rapid and prolonged improvement of the pain and disability caused by the bursitis was achieved. Local corticosteroid infiltration proved to be the treatment of choice as well as a diagnostic test. Physical medicine and rehabilitation consultation 01/14/2014 documented left lateral hip pain. She had been diagnosed with trochanteric bursitis after an MRI study did not reveal any nerve root impingement. The radiologist attempted to provide an image-guided injection, but the patient did not tolerate the procedure as she was not sedated, and she has a fear of needles. Physical examination demonstrated considerable tenderness across the left greater trochanter. Diagnosis was left greater trochanteric bursitis. Regarding the treatment plan, left greater trochanteric bursal injection was requested. To complete this injection appropriately in this needle-phobic person, Valium as a premedication was also requested. Patient has a diagnosis of left greater trochanteric bursitis. ODG guidelines state that trochanteric bursitis injections are a simple, safe procedure that can be diagnostic as well as therapeutic. Therefore, the request for Left greater trochanter bursal injection with valium is medically necessary and appropriate.