

Case Number:	CM14-0110720		
Date Assigned:	09/16/2014	Date of Injury:	11/13/2012
Decision Date:	11/07/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/16/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of November 13, 2012. A utilization review determination dated June 18, 2014 recommends noncertification of bilateral greater trochanteric bursa injections. A progress report dated June 13, 2014 identifies subjective complaints of low back pain and associated leg pain. The patient underwent lumbar spine surgery on May 28, 2014. Objective examination findings indicate no swelling, tenderness, or warmth over the surgical area. Diagnoses include hip pain, brachial neuritis, spinal stenosis, low back pain, lumbosacral radiculitis, bursitis of the hip, and spondylolisthesis. The treatment plan recommends bilateral greater trochanteric bursa injections. A progress report dated May 5, 2014 includes no objective examination findings of the patient's hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral greater 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- 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 & Pelvis Chapter, Trochanteric Bursitis Injections

Decision rationale: Regarding the request for bilateral trochanteric bursa injections, Chronic Pain Medical Treatment Guidelines do not address the issue. ODG states for trochanteric pain, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief. Steroid injection should be offered as a first-line treatment of trochanteric bursitis, particularly in older adults. 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. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of bilateral greater trochanteric bursitis. As such, the currently requested greater trochanteric bursa injections are not medically necessary.