

<b>Case Number:</b>	CM14-0136476		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	08/06/2007
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Neurological Surgery 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:

The records, presented for review, indicate that this 52 year old female was reportedly injured on August 6, 2007. The mechanism of injury was noted as descending from standing on a chair and developed low back pain. The most recent progress note, dated August 20, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'1", 197 pound individual reported to be in no acute distress, tenderness to palpation of the lumbar spine musculature, tenderness over the L4 to L5 and L5 to S1 facet joints, and reduced lumbar spine range of motion was also noted. Diagnostic imaging studies were not reported in this note. Previous treatment included multiple medications, facet joint injections, physical therapy and pain management interventions. A request was made for a right greater trochanter cortisone injection and was not certified in the preauthorization process on August 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In office Right Great Trochanteric Cortisone 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

**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 updated March, 2014

**Decision rationale:** It is noted that a bursitis injection is recommended by the Official Disability Guidelines (ODG), however, the progress notes presented for review do not indicate any signs or symptoms relative to the greater trochanteric bursa as being inflamed. There is clearly pain with palpation of the facet joints and lumbar spine. Therefore, based on the clinical evidence presented for review, there is no medical necessity for a trochanteric steroid injection.