Case Number:	CM14-0159270		
Date Assigned:	10/02/2014	**Date of Injury:**	03/02/2011
Decision Date:	11/07/2014	**UR Denial Date:**	09/06/2014
Priority:	Standard	**Application Received:**	09/29/2014

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 Family 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 62-year old man apparently injured his upper and lower back on 3/2/11. The available records do not describe the mechanism of injury. They also do not contain much detail about his treatment since the injury. There are three progress notes in the records from the primary treater's office, each signed by a different physicians' assistant. According to the 3/31/14 note, past treatment has included medication. The patient has ongoing back pain at 6-8/10 level, and a sensation of pins and needles in both feet. Exam findings include tenderness of the LS paraspinous muscles, symmetrical decreased knee reflexes, symmetrical decreased great toe extension, an antalgic gait and a tender left greater trochanter. Diagnoses include shoulder pain, pain involving the pelvis, hip or thigh, spinal stenosis, thoracic or lumbosacral neuritis unspecified, displaced lumbar vertebral disc without myelopathy, and degeneration of lumbar or lumbosacral disc. The plan is to refill the patient's Lyrica, Norco 10/325, Percocet 5/325, and Provigil; to perform a urine drug screen; and to request a repeat lumbar epidural steroid injection. The plan includes a statement that the previous LESI resulted in 5-6 months of 50% plus relief. A 5/20/14 progress note is virtually identical except that the patient's pain level is documented as 9/10. The exam contains the same positive findings, although the gait is documented as both steady and antalgic. The plan includes dispensing the same medications as on 3/31/14 with the addition of Celebrex; performing a urine drug screen; and proceeding with an LESI which has been authorized. There is a note documenting the performance of an LESI at L5-S1 on 6/26/14. The 8/18/14 progress note does not comment on the results of the LESI. It states that the patient requests interventional injections to help with his pain control. The current pain level is 7/10, with no description of its location. The exam findings are virtually identical to those in the previous notes. The gait in this note is documented as antalgic. There is ongoing tenderness of the lumbar paraspinous muscles and of the left greater trochanter. The plan includes refilling all

of medications refilled on 5/20/14 with the addition of Ambien 10 mg; performing a urine drug screen, requesting physical therapy once per week for 6 weeks; and requesting authorization for a trochanteric bursal injection with fluoroscopic guidance. The stated rationale is that "this may help with his left hip pain". This is the only mention of hip pain that I am able to find in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trochanteric Bursa Injection under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2014 Hip and Pelvis Trochanteric Bursa Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UptoDate, an online evidence-based review service for clinicians (www.uptodate.com), Trochanteric bursitis.

Decision rationale: The UptoDate reference cited above states that the diagnosis of trochanteric bursitis is made based upon clinical findings of outer thigh pain, local tenderness and pain relief with a regional anesthetic block. Response to anesthetic block is especially important when there is concurrent radiculopathy or when the patient presents with severe pain. Physical assessment should include examination for the degree of local tenderness at the greater trochanter, an assessment of hip rotation, gait, lower back flexibility and degree of involvement of the sacroiliac joint. Severe pain with end-range internal or external rotation of the hip suggests involvement of the hip joint itself (osteoarthritis or acute synovitis). Gait evaluation should include checking for leg length discrepancy, which is characterized by increased up and down movement of the head and shoulders as the patient alternates between stepping onto the short and long leg. Bursitis is the most common cause of trochanteric tenderness, but it may also be caused by occult fracture, stress fracture, metastatic disease of the femur, or a gluteus medius tendon tear. Plain radiographs are recommended in all patients with suspected trochanteric bursitis. Initial treatment should include heat treatments and passive stretching exercises. Other measures include and an NSAID, correcting any underlying gait disturbance including leg length discrepancy, reduced weight bearing, and avoiding direct pressure on the bursa (sitting with the leg moderately abducted and externally rotated to avoid pressure on the bursa). Patients whose symptoms persist despite these treatments should get further imaging studies based on the possible alternative diagnoses, and then a local steroid injection may be performed.The clinical findings in this case do not support the performance of an injection of the trochanteric bursa under fluoroscopic guidance. There is no documented appropriate evaluation for trochanteric bursitis. There is no documented complaint or description of hip pain. There is no documented evaluation of the patient's hip rotation, of his gait, or of his SI joints. There is no documentation of plain radiographs to rule out other possible causes of hip pain. Since the patient is 62 and overweight, osteoarthritis of the hip would be a major consideration. Because this patient has a documented diagnosis of radiculopathy and a history of episodic severe pain, it would be

particularly important to perform a regional anesthetic block to confirm the diagnosis of bursitis before performing a therapeutic injection. Assuming this patient actually has trochanteric bursitis, a trial of non-invasive treatment as outlined above would be appropriate before performing an injection.Based on the evidence-based guideline cited above and on the clinical records provided for my review, a trochanteric bursa injection under fluoroscopic guidance is not medically necessary because the diagnosis of trochanteric bursitis has not been clearly made, and because there has been no prior trial of the recommended non-invasive measures discussed above.