

<b>Case Number:</b>	CM14-0038838		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/13/1997
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 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 55-year-old female with a 3/13/97 date of injury. At the time (3/13/14) of request for authorization for left trochanteric bursa injection, date of service January 23, 2014, there is documentation of subjective (left hip pain, progressively worsening low back pain) and objective (antalgic gait, decreased and painful lumbar range of motion, multiple hip girdle and lumbar paraspinal trigger points, very exquisite tenderness to palpation of the left trochanteric bursa) findings, current diagnoses (pain in joint of pelvic region and thigh, arthropathy not elsewhere specified of pelvic region and thigh, lumbago), and treatment to date (medications, acupuncture, and activity modification).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left trochanteric bursa injection, date of service January 23, 2014.:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Hip and Pelvis Procedure Summary.

**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 pain in joint of pelvic region and thigh, arthropathy not elsewhere specified of pelvic region and thigh, lumbago. In addition, there is documentation of very exquisite tenderness to palpation of the left trochanteric bursa. Therefore, based on guidelines and a review of the evidence, the request for left trochanteric bursa injection, date of service January 23, 2014 is medically necessary.