

<b>Case Number:</b>	CM14-0049744		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 53 year old employee with date of injury of 6/10/2011. Medical records indicate the patient is undergoing treatment for lumbar radiculopathy, left lower extremity; spondylolisthesis of L3-L4; and lumbar facet arthropathy at L3-L4. Subjective complaints include left sciatic pain rated at 3-4/10; pain is intermittent and increased by activity. Pain is characterized as sharp, dull, throbbing, pins and needles, burning, and electricity and aching. Pain is constant and intermittent. Objective findings include negative Patrick's sign; negative straight leg raise; bilateral leg greater trochanteric bursa tenderness is noted. Treatment has consisted of Soma tablets, Fentanyl patch, Ambien, Celebrex, Prilosec and Lyrica He has also had PT, chiropractic care and acupuncture. He is status post-operative trochanteric bursa sacroiliac with fluoroscopic guidance. (3/10/2014) Lumbar epidural steroid injection with fluoroscopic guidance was performed on 10/23/2013. The utilization review determination was rendered on 3/18/2014 recommending non-certification of a Left hip bursa injection with fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left hip bursa injection with fluoroscopy times one (1): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Hip & 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:** Gluteus medius tendinosis/tears and trochanteric bursitis/pain are symptoms that are often related, and commonly correspond with shoulder tendinoses and subacromial bursitis, though there is no evidence of a direct correlation between the hip and shoulder. All of these disorders are associated with hip pain and morbidity. 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, 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. Particularly in older adults, corticosteroid injection should be considered as first-line treatment of trochanteric bursitis because it is safe, simple, and effective. Corticosteroid injections are effective for greater trochanteric pain syndrome (GTPS) managed in primary care. The patient has had previous injections but the treating physician did not document functional improvement, decrease in pain, or improved quality of life. As such, the request is not medically necessary.