

Case Number:	CM14-0069702		
Date Assigned:	07/14/2014	Date of Injury:	04/04/2001
Decision Date:	09/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/14/2014

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 Occupational 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:

The patient is a 66-year-old female who has submitted a claim for lumbar intervertebral disc displacement without myelopathy associated with an industrial injury date of April 4, 2001. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain and stiffness with numbness and radicular pain in the right leg. Pain was rated 4/10. Physical examination showed tenderness over the L3-L4, L4-L5 and L5-S1 facet capsules; and pain with rotational extension indicative of facet capsular tear and secondary myofascial pain with ropey fibrotic banding. Bursitis was also noted. The diagnosis was multiple level lumbar degenerative disc disease. Treatment to date has included oral and topical analgesics, AEDs (anti-epilepsy drugs), bilateral shoulder surgery and HELP program. Utilization review from April 23, 2014 denied the request for trochanteric bursal injection because there was no clear detail as to why the treatment is being requested and which side is to be targeted. There was also no documentation on physical examination of a specific objective trochanteric bursa problem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trochanteric Bursa Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief for trochanteric pain. Steroid injection should be offered as a first-line treatment of trochanteric bursitis, particularly in older adults. It is a simple, safe procedure that can be diagnostic as well as therapeutic. In this case, there was no objective evidence of trochanteric pathology based on the medical records submitted. A clear rationale for the requested treatment was not provided. The medical necessity has not been established. Therefore, the request for Trochanteric Bursa Injection is not medically necessary.