

Case Number:	CM14-0070133		
Date Assigned:	07/14/2014	Date of Injury:	12/05/2012
Decision Date:	10/30/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/15/2014

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 is a 50-year-old female with a date of injury of 12/5/2012. As a result of the injury the patient complains of low back pain, left hip pain with radiation to the lower extremity. The patient has had epidural injections in the past. An MRI scan of the left hip done on 2/14/2013 revealed moderate fluid near the greater trochanter bilaterally; left greater than right. This suggested trochanteric bursitis. Examination revealed tenderness over the low back, groin and over the greater trochanter on the left. The straight leg test was positive on the left. Faber maneuver was positive. Gaenslen's test was negative. A request is made for an injection of the left trochanteric bursa under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopic guided left trochanteric bursa injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(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)

Decision rationale: CA MTU S guidelines do not address trochanteric bursal injections. The ODG does recommend it for trochanteric bursitis. It is considered safe and highly effective. The

patient did receive a hip injection in the past. This injection was done in a doctor's office without the use of fluoroscopy and the injection was not effective. The present request is for an injection done under fluoroscopy. This would allow for more accurate placement of the needle. And since it is a safe procedure which is highly effective, it is my opinion that the medical necessity for a second injection done under fluoroscopy has been established.