

<b>Case Number:</b>	CM14-0188444		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Medicine and Acupuncture 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 claimant is a 49 year old female with a date of injury of 2/28/11. The industrial exposure resulted in lower back pain. On exam, there was tenderness to palpation over the greater trochanteric bursa. There was significant benefit associated with lumbar facet injection interventions. Treatment to date has included medication management and physical therapy. The date of the UR decision was 10/13/14. The most recent record available for review for the UR physician was 8/23/14. The most recent record available for review for my review was 8/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cortisone Injection to The Right Hip:** Overturned

**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 and Pelvis: Intra-Articular Steroid Hip Injection

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter, Trochanteric Bursa Injections.

**Decision rationale:** This request is for a greater trochanteric bursa injection for bursitis. The MTUS is silent on this, so the ODG was consulted. The aforementioned citation notes that it is a

safe and effective intervention and that it is recommended. Review of the case reveals that a previous injection had provided benefit for 1 month, and enabled an increase in the activity level. This was noted on the 8/14 PR-2. I respectfully disagree with the UR physician's rationale as it's based on use of guidelines related to an intra-articular hip steroid injection, not for a bursa injection. The request is medically necessary.