

<b>Case Number:</b>	CM14-0192436		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	02/09/2001
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 63 year old female who was injured on 2/9/2001. She was diagnosed with low back pain, chronic pain syndrome, cervical disc disease and facetogenic disease, severe depression, and right trochanteric bursitis. Prior to the injury, she had lumbar disc disease treated with surgery. For her chronic pain, she was treated with medications, injections (including a trochanteric bursa injection), and spinal cord stimulation. The worker was seen on 9/25/2014 by a nurse practitioner at her primary treating physician's office reporting neck pain, right "hip" pain, and low back pain. She reported being approved for a right "hip" injection and reported her previous injection being significantly helpful for this right "hip" pain. Her overall pain level was rated at 8/10 on the pain scale. The physical examination revealed tenderness of the right greater trochanter area. She was then recommended that she see her orthopedic physician for another right "hip" injection for her bursitis. Later, there was a request for a right hip x-ray to be done prior to this injection, without explanation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT HIP X-RAY:** Upheld

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

**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 section, Trochanteric bursitis injections

**Decision rationale:** The California MTUS is silent in regards to trochanteric injections for bursitis. The Official Disability Guidelines (ODG), however, recommends trochanteric bursitis injections as they are safe and highly effective, usually with only one single injection. Steroid injection can be offered as a first-line treatment of trochanteric bursitis. Injections requires a clear diagnosis of trochanteric bursitis based on physical examination findings. In the case of this worker, there was a clear and even previous diagnosis of trochanteric bursitis when continued to bother the worker at the time of this request. No guidelines suggest any imaging prior to receiving the injection for this condition, nor was there any explanation found in the notes provided for review which might have helped the reviewer understand the reasoning for this specific request. Therefore, the right hip x-ray is not medically necessary and the worker may proceed with the injection without imaging.