

Case Number:	CM14-0201564		
Date Assigned:	12/11/2014	Date of Injury:	09/26/2011
Decision Date:	01/30/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 55 year-old female with a 9/26/2011 date of injury. According to the 10/21/14 spinal orthopedic report, the patient presents with neck pain radiating down the left upper extremity, but cervical spine is not an accepted body part. The patient also has left buttock pain that radiates down the left lower extremity 6-7/10 without medications but down to 4/10 with medications. On exam, the patient uses a cane, and has antalgic gait favoring the right. There is tenderness at both SI joints, and decreased sensation over the left L3, L4, L5 and S1 dermatomes. The physician's assessment includes left leg radiculopathy with weakness; left cervical radiculopathy with weakness; C4/5 and C5/6 disc degenerations and stenosis with segmental kyphosis; severe left cubital tunnel syndrome; bilateral carpal tunnel syndrome, status post bilateral carpal tunnel releases; left long trigger finger, status post release x2; right long finger extensor tendon subluxation, expect retinacular tear. Under the discussion, the physician states the patient complains of tenderness over the left greater trochanter, and requests a left greater trochanteric corticosteroid injection. Utilization review denied the request on 11/4/14, using ODG guidelines for an intraarticular hip injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left greater trochanter corticosteroid injection: 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/Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines, hip chapter for trochanteric bursa injections.

Decision rationale: The patient is a 55 year-old female with a 9/26/2011 date of injury. According to the 10/21/14 spinal orthopedic report, the patient presents with neck pain radiating down the left upper extremity, but cervical spine is not an accepted body part. The patient also has left buttock pain that radiates down the left lower extremity 6-7/10 without medications but down to 4/10 with medications. Under the discussion, the physician states the patient complains of tenderness over the left greater trochanter, and requests a left greater trochanteric corticosteroid injection. Utilization review denied the request on 11/4/14, using ODG guidelines for an intra-articular hip injection. This request is for Left Greater Trochanteric Corticosteroid Injection. The MTUS chronic pain medical treatment guidelines did not discuss trochanteric bursa injections. ODG guidelines, hip chapter for trochanteric bursa injections states: Recommended. 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. 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. Corticosteroid injections are effective for greater trochanteric pain syndrome (GTPS) managed in primary care, according to a recent RCT. The 10/21/14 report notes the patient has left hip pain at the left greater trochanter. Utilization Review used the ODG guideline for an intra-articular hip joint injection, which is completely different from the trochanteric bursa injection. The ODG guidelines support use of trochanteric bursa injections that can be diagnostic and therapeutic. The request is in accordance with ODG guidelines for trochanteric bursa injection. The request for a left greater trochanteric corticosteroid injection is medically necessary.