

<b>Case Number:</b>	CM14-0049313		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/25/2000
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

### 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 58 year old female who had a work injury dated. The dignoses include lumbar disc protrusion, lumbar radiculopathy, post lumbar fusion at L5-S1. There is a request for right trochanteric bursa injection under ultrasound guidance. A 2/6/14 progress note indicates that the aptinet has left lower limb numbness getting worse. There is gradual and persisten left foot numbness from the left lateral foot to the dorsum. The right lateral hip continues to hurt especially when she lies on it. She wants to review the emg results which are suggestive of a bilateral L5 radiculopathy. The diagnoses include post lumbar fusion radiculopathy with increasing pain, has problems walking with clinical signs of L5 and S1 radiculopathy. There is right hip pain due to probable trochanteric bursitis probably due to gait change. The treatment plan includes recommend lumbosacral MRI due to EMG with bilateral chronic denervation signs, refill duragesic, percocet, zanaflex; get authorization for right trochanteric bursa under ultrasound guidance for diagnosis and treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right trochanteric bursa injection under ultrasound guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip and Pelvis

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and pelvis

**Decision rationale:** Right trochanteric bursa injection under ultrasound guidance is not medically necessary per the ODG Guidelines. The MTUS does not discuss this request. The ODG states that greater trochanteric bursitis injections are recommended. 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. Use of a combined corticosteroid-anesthetic injection typically results in rapid, long-lasting improvement in pain and in disability. The documentation does not indicate right hip examination findings. The ODG does not indicate that ultrasound guidance is necessary for this procedure. It is not clear what will be injected into the right trochanteric bursa on the request. Additionally, the patient has an L5 bilateral radiculopathy which can refer hip pain. For all of these reasons the request for a right trochanteric bursa injection under ultrasound guidance is not medically necessary.