

<b>Case Number:</b>	CM15-0108340		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	01/11/2004
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 62 year old female, who sustained an industrial injury on 01/11/2004. She has reported subsequent neck, left arm, low back, right lower extremity, bilateral hand and left shoulder pain and was diagnosed with low back pain status post lumbar fusion, lumbar radiculopathy, carpal tunnel syndrome status post bilateral carpal tunnel release and cervical spine pain. Treatment to date has included oral and topical pain medication, spinal cord stimulator trial, physical therapy and surgery. In a progress note dated 05/04/2015, the injured worker complained of left lateral thigh pain that was worse with walking and lying on the left side. Objective findings were notable for tenderness to palpation of the neck, worsening pain with extension/flexion/rotation/lateral flexion, decreased range of motion of the left shoulder with decreased strength, decreased sensation to light touch of the left arm and leg, positive straight leg raise on the left and positive bilateral Patrick's and Faber's tests. The physician noted that the injured worker was developing left greater trochanteric bursitis, which was likely due to altered gait as a result of chronic work injuries. A request for authorization of Kenalog with Lidocaine injection of the left greater trochanteric bursa was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kenalog with Lidocaine injection left greater Trochanteric Bursa: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis, Trochanteric bursitis injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chapter- Hip, Trochanteric Bursitis Injections, pages 268-269.

**Decision rationale:** ODG does recommend hip injections as a treatment option with short-term relief for diagnosis of trochanteric bursitis, and not recommended for hip osteoarthritis and is considered under study for moderately advanced hip OA. Besides exhibiting tenderness and pain on movement, submitted reports have not adequately demonstrated clear specific symptoms, clinical pathology, and failure of conservative treatment such as NSAIDs and therapy to support for repeating the injection without demonstrated functional improvement not meeting guidelines criteria. There are no specific identified pain relief, functional improvements in terms of increased ADLs, decreased medication dosage, or decreased medical utilization for independent care towards a functional restoration approach for this chronic injury of January 2004 now with noted hip involvement from possible altered gait of low back. The Kenalog with Lidocaine injection left greater Trochanteric Bursa is not medically necessary and appropriate.