

<b>Case Number:</b>	CM15-0132462		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	12/12/2003
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 68 year old female, who sustained an industrial injury on 12/12/2003. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include lumbar disc protrusion status post laminectomy in 2011, and bilateral greater trochanter bursitis. Treatments to date include anti-inflammatory, prednisone dose packs, Neurontin, and physical therapy. Currently, she complained of increased pain in the hip. On 6/4/15, the physical examination documented right greater than left greater trochanter bursa. There was lumbar tenderness with decreased range of motion. The provider documented concern that there was increased hip pain secondary to intermittent irregular gait due to radicular symptoms. The plan of care included a left greater trochanter bursa cortisone injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left grater trochanter bursa cortisone injection Qty 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, 2004 Pg 204.

**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 chapter, Intra-articular steroid hip injection.

**Decision rationale:** The patient is status post L4-5 laminectomy in 2011, and has been diagnosed with bilateral greater trochanter bursitis likely worsened by lumbosacral radicular pain and intermittent irregular gait due to radicular symptoms, as per progress report dated 06/04/15. The request is for left greater trochanter bursa cortisone injection qty 1. The RFA for the case is dated 06/04/15, and the patient's date of injury is 12/12/03. The patient has right greater than left trochanter bursitis tenderness upon palpation, as per progress report dated 06/04/15, and is using Ibuprofen and Lidoderm patch for pain relief. The patient is retired, as per the same progress report. ODG guidelines, chapter and topic 'Intra-articular steroid hip injection (IASHI)', states the following "Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. (Brinks, 2011) Intraarticular glucocorticoid injection with or without elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis." In this case, the progress reports do not document prior trochanter bursa injection. The current request is noted in progress report dated 06/04/15. In the report, the treater states that the patient has right greater than left trochanter bursitis tenderness upon palpation. However, in a subsequent progress report dated 06/22/15, after the UR denial date, the treater states that it is "evident that the source of her pain was over the greater trochanter bursa areas, which were exquisitely tender with palpation, with left greater than right." The treater also believes that the trochanter bursa injection will help "significantly reduce her pain, improve her quality of life, and her ability to rest comfortably." ODG guidelines also support the use of steroid injections "as an option for short-term pain relief in hip trochanteric bursitis." Hence, the request is medically necessary.