

Case Number:	CM15-0140308		
Date Assigned:	07/30/2015	Date of Injury:	10/05/2011
Decision Date:	08/31/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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: Preventive Medicine, Occupational 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 injured worker is a 30 year old female with an industrial injury dated 10-05-2011. The injured worker's diagnoses include right greater trochanteric bursitis and sacroiliitis, lumbar degenerative disease, and possible hip osteoarthritis. Treatment consisted of diagnostic studies, prescribed medications, home exercise therapy and periodic follow up visits. In a progress note dated 06-17-2015, the injured worker presented with right sided low back pain and hip pain. The injured worker reported severe, burning, aching, spasm pain in the low back and hip rated a 7 to 8 out of 10. Objective findings revealed slightly antalgic gait and tenderness to palpitation over the right greater trochanteric bursa region. Faber's test, Fortin's fingers test, Gaenslen's test and Ober's test were all positive on the right. X-ray of the bilateral hips revealed some mild joint space narrowing at the bilateral hips with no fracture or dislocation. The treating physician prescribed services for one right greater trochanteric bursa injection, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Greater Trochanteric Bursa 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: Hip & Pelvis (Acute & Chronic) - Trochanteric bursitis injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Trochanteric bursitis injections.

Decision rationale: According to the Official Disability Guidelines, trochanteric bursal injections are recommended. For trochanteric pain, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief. Trochanteric bursitis is the second leading cause of hip pain in adults, and a steroid-anesthetic single injection can provide rapid and prolonged relief. Particularly in older adults, corticosteroid injection should be considered as first-line treatment of trochanteric bursitis because it is safe, simple, and effective. The clinical information submitted for review meets the evidence based guidelines for the requested service. I am reversing the previous utilization review. Right Greater Trochanteric Bursa Injection is medically necessary.