

<b>Case Number:</b>	CM15-0197528		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	04/02/1991
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 57 year old, female who sustained a work related injury on 4-2-91. A review of the medical records shows she is being treated for low back pain. Treatments have included medications, a left sacroiliac joint injection and a left hip injection. Current medications include Norco, Voltaren, Gabapentin, Ultram, Diclofenac and Neurontin. In the progress notes, the injured worker reports ongoing low back pain. She has pain that radiates into her left leg. She reports pain in left hip. Provider states medication "reduces her pain ratings and allows her to have an improved quality of life. Without the medication, the pain is quite debilitated and severely affects her activities of daily living." On physical exam dated 8-20-15, she has tenderness to palpation about the lower lumbar spine and lower lumbar paraspinal musculature. She has tenderness down into the left gluteus and over the left greater trochanteric area. She has painful and decreased lumbar range of motion. No notation on working status. The treatment plan includes a prescription for Norco, medications given to her in office and a left hip injection was done in the office. The Request for Authorization dated 8-20-15 has requests for left hip injection, ultrasound and medications for injection. In the Utilization Review dated 9-12-15, the requested treatment of 1 injection to left hip (greater trochanteric bursa) with 2cc. of Marcaine 0.5%, Ketorolac and Dexamethasone under ultrasound guidance modified to 1 injection to left hip (greater trochanteric bursa) with 2cc. of Marcaine 0.5%, Ketorolac and Dexamethasone without ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective injection to the left hip (greater trochanteric bursa) under ultrasound guidance (DOS: 08/20/2015): Upheld**

**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 (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, Trochanteric bursitis injections.

**Decision rationale:** With regard to trochanteric bursitis injections, the ODG 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. For trochanteric pain, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief (level of evidence, C). Trochanteric bursitis is the second leading cause of hip pain in adults, and a steroid-anesthetic single injection can provide rapid and prolonged relief, with a 2.7-fold increase in the number of patients who were pain-free at 5 years after a single injection. 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. Particularly in older adults, corticosteroid injection should be considered as first-line treatment of trochanteric bursitis because it is safe, simple, and effective. Per the documentation submitted for review, the injured worker did have greater trochanteric bursitis/tendinitis. Objective findings of the hip noted pain outside the hip with passive internal and external weakness with resisted left hip abduction. However, per the guidelines: Ultrasound guidance for hip injections: In the hip, conventional anatomical guidance by an experienced clinician is generally adequate. As ultrasound guidance is not medically necessary, the request is not medically necessary.