

<b>Case Number:</b>	CM15-0198536		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	05/10/2005
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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 60 year old female, who sustained an industrial injury on 05-10-2015. She has reported subsequent back, bilateral hip and leg pain and was diagnosed with chronic thoracolumbar back and leg pain, severe L5-S1 facet degeneration, symptomatic L4-S1 disc degeneration and bilateral trochanteric bursitis. Treatment to date has included pain medication, application of heat, a home exercise program and transcutaneous electrical nerve stimulator (TENS) unit, which were noted to have failed to significantly relieve the pain. In a progress note dated 07-14-2015, the injured worker reported daily intermittent low back, bilateral buttock and right posterior thigh pain with difficulty working 8 hours a day due to pain. Objective findings were notable for right greater than left lumbosacral and sacroiliac tenderness, buttock and thigh pain reproduced with pressure over the trochanteric bursa and hip rotation and decreased range of motion of the trunk in all planes. The physician noted that treatment options for persistent pain were discussed including physical therapy, cortisone injection for the trochanteric bursitis or referral for lumbar facet blocks and radiofrequency nerve ablation. The injured worker wanted to try cortisone injection for the hip bursitis. In a progress note dated 09-10-2015, the injured worker was seen for 2-month follow-up and right trochanteric bursa cortisone injection. The injured worker denied any improvement in her chronic thoracolumbar pain, reporting constant symptoms with radiation to the buttocks, right worse than left. The injured worker reported that she needed to modify her vocational avocational activities to control the pain. Application of heat and ice, TENS unit and medications provided some relief. Objective examination findings revealed right greater than left lumbosacral and sacroiliac tenderness, reproduction of buttock

and thigh pain with pressure over the trochanteric bursa and by hip internal and external rotation and decreased trunk range of motion in all planes, with flexion to 60 degrees and extension and side bending to 15 degrees. Work status was documented as modified. A request for authorization of left hip bursa cortisone injection was submitted. As per the 09-30-2015 utilization review, the request for left hip bursa cortisone injection was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**(L) hip bursa cortisone 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 (ODG).

**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:** The MTUS is silent on trochanteric bursa injections. Per the ODG guidelines: 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. (Cormier, 2006) (Lonner, 2002) (Bird, 2001) (Chung, 1999) (Kingzett-Taylor, 1999) (Howell, 2001) 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. I respectfully disagree with the UR physician's assertion that the medical records submitted for review did not document left trochanteric bursa pain or impairment. Per progress report dated 7/14/15, the injured worker reported daily intermittent low back, bilateral buttock and right posterior thigh pain. Objective findings included right greater than left lumbosacral and sacroiliac tenderness, buttock and thigh pain reproduced with pressure over the trochanteric bursa and hip rotation and decreased range of motion of the trunk in all planes. The request is indicated for the injured worker's left greater trochanteric bursa pain. If the injured worker has had the procedure done on the right and wants it on the left, it adds to the likelihood that the benefits will outweigh the risks. The request is medically necessary.