

<b>Case Number:</b>	CM15-0202999		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/01/2004
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Emergency 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 44 year old male, who sustained an industrial injury on 11-01-2004. He has reported injury to the low back. The diagnoses have included lumbar disc displacement; and status post L5-S1 anterior lumbar interbody fusion, followed by posterior L5-S1 fusion. Treatment to date has included medications, diagnostics, spinal cord stimulator placement and removal, injections, and surgical intervention. Medications have included Norco, Lyrica, Zanaflex, and Fentanyl patch. A progress report from the treating physician, dated 09-22-2015, documented an evaluation with the injured worker. The injured worker reported low back pain, rated at 9 out of 10 in intensity; the back pain is described as aching, burning, sharp, stabbing, and spasm; numbness in the right and left leg, radicular pain in the right and left leg, and weakness in the right and left leg; the pain in both legs is rated at 8 out of 10 in intensity; he has been continuing to note benefit of the medications, and he has nociceptive, neuropathic, and inflammatory pain; and with medications, there is about 60% improvement in pain. Objective findings included he is in no apparent distress; muscle strength for left foot inverters, left foot dorsiflexors, and left gluteal muscles are 3 out of 5; pain across the lower back intensifies with any range of motion testing; continued weakness with dorsiflexion of the left lower extremity; some weakness with plantar flexion rated at approximately 3 out of 4 of his left lower extremity; he still complains of a significant amount of lower back and leg pain; S1 dermatome and L5 dermatome demonstrates decreased light touch sensation on the left; lumbosacral exam reveals pain with Valsalva, pain to palpation over the L4 to L5 and L5 to S1 facet capsules bilaterally, pain with rotational extension indicative of facet capsular tears bilateral and

secondary myofascial pain with triggering, ropey fibrotic banding and spasm bilaterally. The treatment plan has included the request for trochanteric bursal injections. The original utilization review, dated 09-30-2015, non-certified the request for trochanteric bursal injections.

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

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

**Trochanteric bursal injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** The requested Trochanteric bursal injections, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Hip & Pelvis, Acute & Chronic; Trochanteric bursitis injections, NOTE "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." The injured worker has low back pain, rated at 9 out of 10 in intensity; the back pain is described as aching, burning, sharp, stabbing, and spasm; numbness in the right and left leg, radicular pain in the right and left leg, and weakness in the right and left leg; the pain in both legs is rated at 8 out of 10 in intensity; he has been continuing to note benefit of the medications, and he has nociceptive, neuropathic, and inflammatory pain; and with medications, there is about 60% improvement in pain. Objective findings included he is in no apparent distress; muscle strength for left foot inverters, left foot dorsiflexors, and left gluteal muscles are 3 out of 5; pain across the lower back intensifies with any range of motion testing; continued weakness with dorsiflexion of the left lower extremity; some weakness with plantar flexion rated at approximately 3 out of 4 of his left lower extremity; he still complains of a significant amount of lower back and leg pain; S1 dermatome and L5 dermatome demonstrates decreased light touch sensation on the left; lumbosacral exam reveals pain with Valsalva, pain to palpation over the L4 to L5 and L5 to S1 facet capsules bilaterally, pain with rotational extension indicative of facet capsular tears bilateral and secondary myofascial pain with triggering, ropey fibrotic banding and spasm bilaterally. The treating physician has not documented sufficient exam and diagnostic evidence of trochanteric bursitis. The criteria noted above not having been met, Trochanteric bursal injections is not medically necessary.