

Case Number:	CM15-0219116		
Date Assigned:	11/12/2015	Date of Injury:	01/25/1996
Decision Date:	12/21/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/06/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 64 year old female, who sustained an industrial injury on 1-25-1996. The injured worker is undergoing treatment for: pain of the entire back, bilateral shoulders, bilateral buttocks, bilateral lower extremities, bilateral upper extremities, and bilateral feet. On 10-6-15, she reported neck pain with radiation into the left arm down to the hand, bilateral hip pain, right knee pain with instability and giving way, and left knee pain. Physical examination revealed for the lumbar spine and lower extremities an antalgic gait, tenderness over the sacroiliac joints and low back, decreased range of motion of the lumbar spine, full strength in the hips, and positive straight leg raise testing on the right. On 10-14-15, she reported right buttock pain with radiation into the right leg. She is noted to have been seen in urgent care and giving an IM injection and a left shoulder injection on 10-6-15. She rated her current pain 8 out of 10, with highest pain level of 9 without medications and 5 with medications. She also reported spasms in the right leg. Physical examination revealed tenderness and spasm in the right buttock, palpation noted to reproduce pain, gait is noted as intact. The treatment and diagnostic testing to date has included: medications, urgent care treatment, injection of left shoulder (10-6-15), cervical epidural injection (5-13-13), and lumbar facet block (4-28-14). Medications have included: dexilant, Lidoderm patches, miralax, Phenergan, voltaren gel, norco and Butrans. Current work status: temporarily totally disabled. The request for authorization is for: bilateral greater trochanter cortico steroid injections. The UR dated 10-8-2015: non-certified the request for bilateral greater trochanter cortico steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for bilateral greater trochanter corticosteroid injections, date of service: 09/10/2015: 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), Pelvis & Hip Chapter, 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 injection.

Decision rationale: CA MTUS/ACOEM is silent on the issue of trochanteric injection. According to ODG Hip & Pelvis, "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." In this case while there is evidence of trochanteric pain, and thus the injection is medically necessary.