

<b>Case Number:</b>	CM15-0056173		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 41 year old male, who sustained an industrial injury on February 28, 2102. The injured worker had reported neck, right shoulder, back, right knee and left wrist pain. The diagnoses have included cervical spondylosis, chronic lumbago, right shoulder impingement syndrome with acromioclavicular joint degenerative joint disease, right greater trochanter bursitis, thoracic strain, posterior medial meniscus degeneration/tear right knee, left extensor carpi ulnaris tendonitis and possible intermittent lumbar radiculopathy. Treatment to date has included medications, radiological studies, epidural steroid injections, electrodiagnostic studies and physical therapy. Current documentation dated February 12, 2015 notes that the injured worker reported constant left sided neck pain with radiation into the mid scapular region and trapezius muscles. He also reported right sided back pain with intermittent radiation into the right lower extremity with associated numbness and tingling. The injured worker also noted bilateral knee pain. Physical examination of the cervical spine revealed tenderness of the paracervical muscles, base of the neck and base of the skull. Range of motion was noted to be decreased. Examination of the lumbar spine revealed tenderness to palpation and a decreased range of motion. A straight leg raise test was negative bilaterally. Right knee examination revealed tenderness and crepitation of the right patella. The treating physician's plan of care included a request for a right greater trochanter injection with 3 cc of Celestone and 3 cc of Marcaine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right greater trochanter injection with 3 cc celestone and 3 cc marcaine:** 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); WebMD on Trochanteric Bursitis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and Pelvis (Acute and Chronic), Intra-articular steroid hip injection (IASHI).

**Decision rationale:** MTUS is silent regarding steroid hip injections ODG refers to Intra-articular steroid hip injection for "steroid injection." ODG states, "Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis." The treating physician does not document tenderness at the trochanter region and the patient complains of radicular symptoms down the right leg. Trochanteric bursitis can be secondary to discogenic low back pain when radicular symptoms are present. In addition, the patient did not receive any functional improvement from prior ESI injections to the low back. As such, the request for a Right greater trochanter injection with 3 cc celestone and 3 cc marcaine is not medically necessary at this time.