

Case Number:	CM14-0088062		
Date Assigned:	07/23/2014	Date of Injury:	08/14/2001
Decision Date:	09/26/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/11/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California and Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old who was injured on August 14, 2001 when he fell a distance of 12 feet due to a catwalk collapse. The injured worker's surgical history is significant for L5-S1 fusion performed in 2002 and instrumentation removal and placement of Dynesis in 2011. The injured worker's complaints pertinent to this request include pain in the right hip and low back which radiates into the right lower extremity. The injured worker is diagnosed with right hip trochanteric bursitis and myofascial pain syndrome. Records do not describe past treatment of the right hip. An Agreed Medical Evaluation dated June 22, 2013 states x-rays of the right hip and pelvis were obtained on the date of injury and were reportedly negative for fractures. It is noted the injured worker was evaluated and diagnosed with right hip trochanteric bursitis on January 28, 2002 and an injection was recommended. It is not documented that this injection was performed. The medical examiner performing the evaluation noted he had previously diagnosed the injured worker with mild low-grade trochanteric bursitis of the right hip on January 4, 2004. This evaluation report states this condition has remained stable. Clinical note dated April 30, 2014 notes the treatment plan for the injured worker includes an ultrasound-guided corticosteroid injection to the right hip "since the pain in the right hip could be coming from the trochanteric bursitis." This request was denied by UR dated May 7, 2004 citing the lack of documentation reflecting a clear pain source and the absence of x-rays and evidence of previous conservative treatment. There are no recent physical examinations or imaging studies of the right hip submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided corticosteroid injection of the right hip: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Trochanteric bursitis injections.

Decision rationale: The request for right hip, ultrasound guided corticosteroid injection is recommended as medically necessary. Records indicate the requested injection is to be used to address the injured worker's diagnosis of right hip trochanteric bursitis. MTUS/ACOEM do not address the use of trochanteric bursitis injections. ODG supports the use of trochanteric bursitis injections and states, "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." This guideline does not require that failure of conservative treatment or diagnostic studies must be documented/completed prior to this injection. Records do indicate that, in an effort to evaluate the injured worker's low back and lower extremity pain, multiple injections and therapies have been attempted. The injured worker's right hip pain persists despite diagnostic lumbar injections and lumbar surgery. Therefore, the request for an ultrasound guided corticosteroid injection of the right hip is not medically necessary or appropriate.