

<b>Case Number:</b>	CM14-0025046		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/25/1995
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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. 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, Indiana, Oregon  
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 69-year-old female, who sustained an industrial injury on 10/25/1995. Diagnoses have included lumbar spinal stenosis L3-4, lumbar degenerative disc disease and status post L4-S1 fusion (1996). Treatment to date has included medication. According to the progress report dated 1/27/2014, the injured worker complained of persistent low back pain and bilateral hip pain with numbness and tingling into her left foot. She was taking Vicodin and Flexeril. Physical exam revealed point tenderness over both greater trochanteric bursa. Her reflexes were trace for patella and absent Achilles tendon bilaterally. Authorization was requested for bilateral trochanteric bursa injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL TROCHANTERIC BURSA INJECTION X2: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Hip & Pelvis-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.

**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. 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. For elderly patients in particular ODG recommends injection treatment as the sole treatment since it is cost effective. In this case, there is clinical evidence of bursitis in the exam note 1/27/15. Steroid injection is recommended and the request is therefore medically necessary.