

Case Number:	CM14-0212229		
Date Assigned:	01/02/2015	Date of Injury:	04/17/1998
Decision Date:	03/04/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/18/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 60 year old lady with a work injury dated 04/17/1998. Progress note dated 08/14/2014 notes the injured workers (IW) main complaint was low back pain. Pain had worsened gradually with the IW rating it at best 3, at worst 9, with an average of 5. It is described as aching, tingling and numbness. Previous treatments include epidural blocks, physical therapy and TENS unit, all without help. Massage therapy did provide some help. Diagnostics tests include MRI and CT scan. Current medications include Ibuprofen, Tramadol, Xanax and Norco. Physical exam revealed sacroiliac compression test negative. In the pelvic region rotation (R) produced pain and extension produced pain. Straight leg raising test was negative. Examination of the right hip reveals normal range of motion without crepitus. Examination of the left hip reveals normal range of motion, no crepitus. The IW received a lumbar facet injection at the visit. Diagnosis included: Carpal tunnel syndrome; Mild cervical stenosis unchanged from 2012 C 4-5, C 5-6 and C 6-7; Likely right lumbar 5-S1 facet mediated pain; Trochanteric bursitis; and Lumbar facet injecting was done on 08/14/2014 Probable degenerate lumbar 5- sacral 1 disk. On 11/13/2014 the provider requested 1 right trochanteric bursa block, for the right hip as an outpatient. An 11/13/14 progress note indicated that on physical exam the patient had tenderness over the right greater trochanter. On UR issued a decision stating the progress note dated 08/14/2014 does not indicate any complaints of right hip pain or any abnormal findings of the right hip on physical exam. Considering this, this request for a right trochanteric bursa block is not medically necessary. Guidelines cited were Official Disability Guidelines, Hip and Pelvis, Trochanteric bursitis injections. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Right Hip Trochanteric Bursa Block: 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)m Hip and 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 and Pelvis

Decision rationale: One right hip trochanteric bursa block is medically necessary per the ODG. The MTUS does not specifically address this request. The ODG states that 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. An 11/13/14 progress note indicated that on physical exam the patient had tenderness over the right greater trochanter. The request therefore is medically appropriate and necessary.