

Case Number:	CM14-0216417		
Date Assigned:	01/06/2015	Date of Injury:	07/16/2001
Decision Date:	03/05/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/24/2014

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

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

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 60 year old female with an original date of injury on July 2001. The industrially related diagnoses are degeneration of thoracic disc, myofascial pain, piriformis syndrome, and trochanteric bursitis. The patient's treatment included Norco, baclofen, Topamax, Valium, Voltaren topical gel, Fiorinal, Aciphex, Prevacid, Provigil, and Vesicare. The patient has had piriformis injection on October 23, 2014 and trigger point injection to the right gluteal with 40% improvement that lasted 2 to 3 months. The patient also had coccygeal joint injection on unknown date which improved her pain 30% for six weeks. The disputed issue is the request for left trochanteric bursa injection. The utilization review on November 24, 2014 had noncertified this request. The rationale for denial was that despite the patient having subjective improvement of her pain, there is no documentation of decreasing medication usage from prior injections or how functionally the patient improved. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left trochanteric bursa injection, outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: www.odg-twc.com; Section: Hip & Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis Chapter, Trochanteric bursitis Injection

Decision rationale: Regarding trochanteric bursitis steroid injection, the Official Disability Guidelines states it is recommended 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. Steroid injection should be offered as a first-line treatment of trochanteric bursitis, particularly in older adults. A progress note on 10/23/2014 indicated patient has findings consistent with trochanteric bursitis on physical exam. This is largely a clinical diagnosis, and criteria are met to warrant a trial of GTB injection. Given the current guideline recommendations, an injection is medically appropriate.