Case Number:	CM15-0128382		
Date Assigned:	07/15/2015	**Date of Injury:**	12/06/2000
Decision Date:	08/11/2015	**UR Denial Date:**	06/16/2015
Priority:	Standard	**Application Received:**	07/03/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, 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:

The injured worker is a 59 year old male, who sustained an industrial injury on 12/06/2000. On provider visit dated 05/20/2015, the injured worker has reported low back pain. On examination of the lumbar sacral spine revealed tenderness to palpation. And a positive straight leg raise on the right. Right hip revealed pain in the groin, a decreased range of motion. SI sulcus tenderness with direct palpation, positive Faber's test and pelvic thrust test was noted. Positive Gaenslen's test and sacral compression was noted as well. The diagnoses have included pain in joint pelvic region and thigh, lumbago, thoracic-lumbosacral neuritis-radiculitis unspecified and degenerative lumbar-lumbosacral intervertebral disc. Treatment to date has included medication, chiropractic therapy home exercise program, ice and heat. The provider requested right hip ultrasound anesthetic injection under imaging guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip ultrasound anesthetic injection under imaging guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis, Intra-articular steroid hip injection (IASHI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Trochanteric bursitis injections. http://www.odg-twc.com/index.html.

Decision rationale: According to ODG guidelines, Trochanteric bursitis injections "Recommended. Gluteus medius tendinosis/tears and trochanteric bursitis/pain are symptoms that are often related, and commonly correspond with shoulder tendinosis and subacromial bursitis, though there is no evidence of a direct correlation between the hip and shoulder. All of these disorders are associated with hip pain and morbidity. (Cormier, 2006) (Lonner, 2002) (Bird, 2001) (Chung, 1999) (Kingzett-Taylor, 1999) (Howell, 2001) 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. 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. (Stephens, 2008) (Ege Rasmussen, 1985) (Schapira, 1986) (Shbeeb, 1996) (Cohen, 2009) Corticosteroid injections are effective for greater trochanteric pain syndrome (GTPS) managed in primary care, according to a recent RCT. GTPS, also known as trochanteric bursitis, is a common cause of hip pain. In this first randomized controlled trial assessing the effectiveness of corticosteroid injections vs. usual care in GTPS, a clinically relevant effect was shown at a 3-month follow-up visit for recovery and for pain at rest and with activity, but at a 12-month follow-up visit, the differences in outcome were no longer present. (Brinks, 2011)" According to the provided file, the patient was complaining of back pain. There is no evidence of hip pain that interfered with range of motion. There is no clear evidence of Trochanteric bursitis in this case. Therefore, the request for Right hip ultrasound anesthetic injection under imaging guidance is not medically necessary.