

<b>Case Number:</b>	CM15-0033103		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	11/18/2010
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Massachusetts

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 57-year-old male, who sustained an industrial injury on 11/18/10. The injured worker has complaints of low back pain that radiates down the bilateral lower extremities. The diagnoses have included lumbar disc degeneration; chronic pain; lumbar radiculopathy and lumbar spinal stenosis. Treatment to date has included transforaminal epidural steroid injection; magnetic resonance imaging (MRI) of the lumbar spine; toradol injections with B-12 and ibuprofen. The request was for right hip trochanteric bursa injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right hip trochanteric bursa injection:** 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.

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

**Decision rationale:** The claimant sustained a work-related injury in November 2010 and continues to be treated for radiating low back pain. When seen, he was having groin pain. No examination of the hip is documented. Although guidelines recommend a cortisone injection as an option in treating greater trochanteric bursitis, there are no physical examination findings in this case that support that the claimant has this condition. Therefore, the request is not medically necessary.