



MedHealth Review, Inc.  
661 E. Main Street  
Suite 200-305  
Midlothian, TX 76065  
Ph 972-921-9094  
Fax (972) 827-3707

**Notice of Independent Review Decision**

**DATE NOTICE SENT TO ALL PARTIES:** 7/20/18

**IRO CASE #:** XXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of greater trochanteric bursa injection bilateral hips with fluoroscopy and sedation.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

The reviewer is a Medical Doctor who is board certified in Anesthesia and Pain Management. The reviewer has been practicing for greater than 10 years.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☒ Partially Overturned (Agree in part/Disagree in part)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of greater trochanteric bursa injection bilateral hips.

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of fluoroscopy and sedation.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Claimant is a XX who fell in XX. XX complains of right sided neck pain and bilateral hip pain. XX BMI is 45.3 and XX has hypertension. XX has reduced range of motion, right C2-4 spasm and tenderness, pain with facet loading, and bilateral trochanteric bursa tenderness. XX had physical therapy and trigger point injections. MRI showed a herniated nucleus pulposus at C5-6 with C6

impingement and a bulge at C6-7 and C7 impingement and generalized facet changes.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Chapter: Hip and Pelvis: 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, through there is no evidence of a direct correlation between the hip and shoulder. All of these disorders are associated with hip pain and morbidity.

For trochanteric pain, XX injection is safe and highly effective, with a single XX 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 number of patients who were pain free at % years after a single injection. Steroid injection should be offered as a first-line treatment of trochanteric bursitis, particularly in XX adults. Trochanteric XX injection is a simple, anesthetic injection typically results in rapid, long-lasting improvement in pain and in disability. Particularly in XX adults, XX injection should be considered as a first-line treatment of trochanteric bursitis because it is safe, simple, effective. XX 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 XX injections vs usual care in GTPS, a clinically relevant effect was shown at a XX follow-up visit for recovery and for pain at rest and with activity, but at a XX follow-up visit, the differences in outcome were no longer present.

Based on the records submitted and peer reviewed guidelines, the request for greater trochanteric bursa injection bilateral hips is approved; however, the sedation and fluoroscopy are not medically necessary. In this case, the injured worker has complaints of ongoing bilateral hip pain, with tenderness over the bilateral trochanters, which has not responded to physical therapy. There are no contraindications noted; therefore, there is support for trochanteric bursa injections in this clinical scenario. However, sedation and fluoroscopy are not medically necessary for these injections as there are no extenuating circumstances that would necessitate sedation and there is no support for this type of procedure with a trochanteric injection in the ODG. In closing, the trochanteric bursa injections to the bilateral hips are approved as medically necessary while the sedation and fluoroscopy are not medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR  
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)