

<b>Case Number:</b>	CM14-0003857		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	03/25/2010
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 60-year old male who has submitted a claim for Lumbago and Myofascial Pain Syndrome/Fibromyalgia associated with an industrial injury date of March 25, 2010. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of constant and aching back pain, rated 5/10 with medications. On physical examination, there was tenderness of the lumbar paraspinal muscles. There was pain on lumbar flexion. Examination of the bilateral lower extremities was unremarkable. CT of the pelvis dated December 24, 2012 revealed small calcification in the prostrate with the remainder of the pelvic CT being normal. Treatment to date has included medications, chiropractic care, acupuncture, and two previous triple blocks: SI joint, piriformis, and trochanteric bursal injections (May 21, 2012; July 1, 2013).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SI JOINT INJECTION PIRIFORMIS INJECTION TROCHANTERIC BURSA INJECTION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis Chapter, Sacroiliac Joint Blocks, Piriformis Injections, Trochanteric Bursitis Injections

**Decision rationale:** CA MTUS does not specifically address triple blocks. The Official Disability Guidelines was used instead. ODG states that sacroiliac joint blocks are recommended as an option for sacroiliac dysfunction if there is failure of at least 4-6 weeks of aggressive conservative therapy. Piriformis injections are recommended for piriformis syndrome after a one-month physical therapy trial. On the other hand, trochanteric injections are recommended for trochanteric bursitis. In this case, triple block (SI joint, piriformis, and trochanteric bursal injections) was requested because of worsening groin pain and this was helped with previous triple blocks. The last injection provided 60% or more pain relief. However, the latest progress note, dated December 4, 2013, failed to document objective findings that will corroborate a diagnosis of sacroiliac joint dysfunction, piriformis syndrome, or trochanteric bursitis. Furthermore, the medical records showed that the patient was recommended physical therapy (PT) in the past; however, the records did not clearly reflect whether the patient underwent a course of PT. It is unclear if he had a failure of conservative management. There is no clear indication for the requested injections; therefore, the request for SI joint injection piriformis injection trochanteric bursa injection is not medically necessary.