

<b>Case Number:</b>	CM14-0150102		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/07/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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:

According to the records made available for review, this is a 32-year-old female with a 12/7/11 date of injury. At the time (8/14/14) of request for authorization for Piriformis Injections under US guidance per RFA/ sciatic nerve block per report and R Peripheral nerve block under US guidance, there is documentation of subjective (right buttock pain and low back pain, back pain has increased since recent child birth) and objective (bilateral tenderness paravertebral muscles, sacroiliac region tenderness left and right sciatic notch, and internal rotation with flexion of hip resulted in deep buttock pain which reproduced usual pain) findings, current diagnoses (lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, and sciatic nerve lesion), and treatment to date (physical therapy, home exercise program, and medications (including ongoing treatment with Medrox Patch, Terocin Lotion, and Prenatal Tablet)). Regarding Piriformis Injections under US guidance per RFA/ sciatic nerve block per report, there is no documentation of piriformis syndrome. Regarding Peripheral nerve block under US guidance, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a peripheral nerve block is indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Piriformis Injections under US guidance per RFA/ sciatic nerve block per report:** 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 Official Disability Guidelines (ODG) Hip & Pelvis, Piriformis injections

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of piriformis syndrome after a one-month physical therapy trial, to support the medical necessity of piriformis injection. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, and sciatic nerve lesion. In addition, there is documentation of physical therapy. However, there is no documentation of piriformis syndrome. Therefore, based on guidelines and a review of the evidence, the request for Piriformis Injections under US guidance per RFA/ sciatic nerve block per report is not medically necessary.

**R Peripheral nerve block under US 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 (Pain) updated 7/10/14

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Injection with anaesthetics and/or steroids Other Medical Treatment Guideline or Medical Evidence: <http://mcgs.bcbsfl.com/?doc=Nerve%20Block%20Injections&vm=r>

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, to support the medical necessity of injection with anaesthetics and/or steroids. Medical Treatment Guidelines identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a peripheral nerve block is indicated (such as: Morton's Neuroma, Plantar Fasciitis, or Preemptive analgesia (when used as a transition to oral analgesics for procedures which normally cause severe pain and/or are uncontrolled by oral analgesics; or when used for procedures which otherwise require control with intravenous or parenteral analgesics; or when used for patients unable to tolerate treatment with narcotics due to allergy or side effects, etc). Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, and sciatic nerve lesion. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a peripheral nerve block is indicated (Morton's Neuroma, Plantar Fasciitis, or Preemptive analgesia). Therefore, based on guidelines and a review of the evidence, the request for R Peripheral nerve block under US guidance is not medically necessary.