

<b>Case Number:</b>	CM15-0142540		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	03/03/2000
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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 56 year old female who sustained an industrial injury on 3-3-2000. Diagnoses are lumbago; low back pain, hip-pelvic pain, and long-term (current) use of other medications. In a progress report dated 6-24-15, the primary treating physician notes complaints of low back, left hip, and left leg pain, described as constant. She takes Advil and uses heat patches to sleep at night. Examination notes tenderness at the lumbar spine and facet joint. The left sacroiliac joint is tender and Patrick's test is positive. Tenderness at the greater trochanter is noted. The requested treatment is Toradol injection 60mg 2cc, IM RUG; 30 days for a total of 2 ml and triple blocks on the left side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol injection 60mg 2cc, IM RUG, 30 days for a total of 2ML: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketorolac (Toradol).

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2000 and continues to be treated for low back, left hip, and leg pain. When seen, the only medication was Advil. She had pain rated at 8/10. Physical examination findings included left sacroiliac joint tenderness with positive Patrick's testing. There was lumbar facet tenderness and left greater trochanteric tenderness. Urine drug screening was performed. No opioid medication was prescribed. A Toradol injection was administered. Authorization for a combined sacroiliac joint, trochanteric bursa, and piriformis muscle injection was requested. Guidelines recommend Ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, the claimant was having moderately severe pain and opioid medication was being considered. The injection was medically necessary.

**Triple blocks on the left side:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks (2) Hip & Pelvis (Acute & Chronic), Trochanteric bursitis injections (3) Hip & Pelvis (Acute & Chronic), Piriformis injections.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2000 and continues to be treated for low back, left hip, and leg pain. When seen, the only medication was Advil. She had pain rated at 8/10. Physical examination findings included left sacroiliac joint tenderness with positive Patrick's testing. There was lumbar facet tenderness and left greater trochanteric tenderness. Urine drug screening was performed. No opioid medication was prescribed. A Toradol injection was administered. Authorization for a combined sacroiliac joint, trochanteric bursa, and piriformis muscle injection was requested. A piriformis injection can be recommended for piriformis syndrome after a one-month physical therapy trial. Localization techniques include manual localization of muscle with fluoroscopic and electromyographic guidance, or ultrasound. In this case, there is no document trial of physical therapy treatment specifically for piriformis syndrome or physical examination findings that support this diagnosis. Guidelines do recommend a cortisone injection as an option in treating greater trochanteric bursitis. Criteria for the use of sacroiliac blocks include the documentation of at least three positive physical examination findings. In this case, only one positive physical examination is documented. Performing multiple injections on the same day is not recommended as this may lead to improper diagnosis or unnecessary treatment. Therefore, the requested triple block procedure is not medically necessary.