

Case Number:	CM13-0004069		
Date Assigned:	11/01/2013	Date of Injury:	03/27/2009
Decision Date:	02/03/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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 physician 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 62-year-old male who injured his back in March of 2009. He had a previous L4-5 decompressive laminectomy in 2005. He did well for 2 years but then began to have additional back pain and pain down his right leg. MRI performed in October 2011 was compared to an MRI performed in May 2008 and showed significant worsening and progression of L4-5 spondylolisthesis 2 grade 2 along with severe L4-5 spinal stenosis. He had an abnormal EMG demonstrating L5 radiculopathy. The patient is a poor surgical candidate because of medical comorbidities including Coumadin for venous thromboses. The patient was told he should exhaust all conservative therapy before considering surgery. He had 2 epidural steroid injections with limited benefit. The patient has been diagnosed with iliotibial band symptoms, bursitis, and sacroiliitis. Patient had right-sided injections of the sacroiliac joint, para form is muscle, and trochanteric bursa in 2012. These injections provided the patient with a benefit over 3 months. The patient had repeat injections in May 2013. Clinical follow-up demonstrated the patient had similar pain after the second injections but he stated he was able to move his right hip and leg better. His medications include Narco, Tramadol, Celebrex, Lyrica and Ambien. On physical examination he walks with a cane he has a limited range of motion of his back and a positive straight leg raise on the right. He has decreased sensation in the right calf and right foot. Straight leg raising is normal. There was tenderness to the right SI joint, piriformis muscle, and greater trochanter. At issue is whether repeat injections are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint Piriformis and Trochanter Injection (to be completed at [REDACTED] [REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sacroiliac Joint Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hop and Pelvis chapter; Sacroiliac joint blocks

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sacroiliac Joint Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hop and Pelvis chapter; Sacroiliac joint blocks

Decision rationale: The patient does not need to established criteria for repeat right sacroiliac joint injection, piriformis and trochanteric injection at this time. Specifically, there is not adequate documentation of significant improvement after the second iteration of these 3 types of injections. Guidelines suggest that repeat sacroiliac injections must provide relief for at least 6 weeks. It is unclear whether or not the second SI injection was successful in this function. In addition it remains unclear what degree relief was achieved by the piriformis and trochanteric injections. The patient does not meet criteria for additional injections at this time.