

Case Number:	CM13-0042980		
Date Assigned:	12/27/2013	Date of Injury:	06/20/2001
Decision Date:	04/29/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/22/2013

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 Orthopedic Surgery 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 66-year-old female who reported an injury on June 20, 2001; the mechanism of injury was not provided in the medical records. The September 26, 2013 note reported left hip, buttock, and low back pain with radiation to the left groin. Objective physical exam findings included tenderness to the left sacroiliac joint, piriformis and trochanter. The clinical note indicated the patient had significant pain with flexion and external rotation to the left hip. The patient reported the lumbar radiofrequency provided good relief of her low back pain. The patient had received piriformis injections on December 18, 2013, November 16, 2013 and December 18, 2012. The patient's medication regimen includes Fentanyl, hydrocodone, and Soma. The patient was diagnosed with lumbar facet pain and trochanteric bursitis. The provider recommended a sacroiliac joint injection and a piriformis injection on September 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SIDE SACROILIAC JOINT 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 Official Disability Guidelines (ODG) Hip, Sacroiliac joint blocks.

Decision rationale: The Official Disability Guidelines state Sacroiliac joint blocks may be indicated if the patient has failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. Guidelines also state there should be examination findings to suggest the diagnosis of sacroiliac joint dysfunction to include at least three findings to include Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test; Faber's Test; Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test; Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test. The documentation submitted did not provide evidence of failed outcomes from conservative care and failed to provide objective evidence of sacroiliac joint dysfunction. As such, the request is non-certified.

LEFT SIDE PIRIFORMIS 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 Official Disability Guidelines (ODG) Hip, Sacroiliac joint blocks.

Decision rationale: The Official Disability Guidelines recommend piriformis injections for piriformis syndrome after a one-month physical therapy trial. The documentation submitted did not provide evidence of failed outcomes from prior conservative care. As such, the request is non-certified.