

Case Number:	CM13-0054303		
Date Assigned:	12/30/2013	Date of Injury:	10/21/2003
Decision Date:	03/18/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/19/2013

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 Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California, District of Columbia, Florida, and Maryland. 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 60-year-old female who was injured at work on 10/21/2003. The mechanism of the injury were not fully noted however it is stated that the injury was the result of a slip and fall injury in which the patient felt immediate onset of low back pain. The pain is located at the right sacro-iliac joint and the left sacro-iliac joint. The patient underwent sacroiliac joint injections, and bilateral piriformis and greater trochanteric bursal injections on 8/9/2013. The patient describes the pain as constant, cramping, numb, shooting, achy, dull, sharp, stabbing and stiffness. She states that there is low back pain only with no leg pain. The pain is described as being 9 out of 10. Treatment as included multiple steroid injections and RF (radiofrequency) ablation treatment, both have which have given her temporary relief. The current medications include Soma, indomethacin, nortriptyline, tramadol, and Butalbiatla-acetaminophen. Progress Report-2 dated 10/22/13 documented that the patient's pain started to increase again. The patient stood 5 feet and 5 inches tall and weighed 137 pounds. On physical examination, the patient had moderate tenderness in the bilateral sacroiliac joint, piriformis, and trochanter on palpation; and Faber and distraction, and bilateral hip "thrust" were positive. Some of the notes in the medical report were illegible. The patient was diagnosed with bilateral sacroiliitis and piriformis syndrome; bilateral trochanteric bursitis; lumbar degenerative disc disease; and low back pain. This is a request for the medical necessity for bilateral sacroiliac joint piriformis and trochanter injections, lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint piriformis/trochanter injection: 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), Low Back, Sacroiliac joint injections and Piriformis injections, and Hip and Pelvis Chapter, Trochanteric bursitis injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Lumbar and Thoracic)(Acute and Chronic), Sacroiliac joint injections (SJI) and Piriformis injections.

Decision rationale: Regarding the request for bilateral sacroiliac joint piriformis and trochanter injections, lumbosacral spine, the guideline does not support this request. According to Official Disability Guidelines (ODG), there is limited research suggesting therapeutic blocks offer long-term effect. It is recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. The guidelines further stated that there should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI (sacroiliac) joint block, and this was not done in this case. Recommended for piriformis syndrome after a one-month physical therapy trial. As such, the request is not certified.