

Case Number:	CM13-0060659		
Date Assigned:	04/25/2014	Date of Injury:	12/17/2007
Decision Date:	05/30/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 49-year-old female with a 12/17/07 date of injury. At the time (10/28/13) of the request for authorization for one bilateral sacroiliac (SI) joint injection and piriformis injection, there is documentation of subjective (SI joint pain and piriformis syndrome with pain shooting down legs) and objective (tenderness over midline and paraspinal areas, mild pain over SI joint, Patrick's test, piriformis tender, left trochanteric bursa tenderness, tender left paralumbar and tender right paralumbar, and painful lumbar extension) findings. The current diagnoses include lumbago, depression, and myofascial pain syndrome/fibromyalgia. The treatment to date includes medications. Regarding one (1) bilateral SI joint injection, there is no documentation of at least two (2) additional positive exam findings, such as, Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH). In addition, there is no documentation of a diagnostic evaluation first addressing any other possible pain generators; failure of at least four to six (4-6) weeks of aggressive conservative therapy (including PT and home exercise); and block to be performed under fluoroscopy. Regarding piriformis injection, there is no documentation of lumbar spine imaging findings (to exclude associated diskogenic and/or osteoarthritic contributing pathology) and failure of conservative treatment (stretching, manual techniques, activity modifications, natural healing, physical therapy, modalities such as heat and ultrasonography).

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SACROILIAC (SI) JOINT 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), Treatment Index, 11th Edition (Web), 2013, Hip And Pelvis Chapter, Sacroiliac Joint Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, SI Joint Injection.

Decision rationale: The ACOEM Guidelines indicate that invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines identify documentation of at least three (3) positive exam findings, such as: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH); diagnostic evaluation first addressing any other possible pain generators; failure of at least four to six (4-6) weeks of aggressive conservative therapy (including PT, home exercise and medication management); block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of SI joint injection. Within the medical information available for review, there is documentation of diagnoses of lumbago, depression, and myofascial pain syndrome/fibromyalgia. In addition, there is documentation of at least one (1) positive exam finding [Patrick's Test (FABER)]. However, there is no documentation of at least two (2) additional positive exam findings; diagnostic evaluation first addressing any other possible pain generators; failure of at least four to six (4-6) weeks of aggressive conservative therapy (including PT and home exercise); and block to be performed under fluoroscopy. Therefore, based on guidelines and a review of the evidence, the request for bilateral SI joint injection is not medically necessary.

PIRIFORMIS 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), Treatment Index, 11th Edition (Web), 2013, Hip And Pelvis Chapter, Piriformis Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation medscape.com website.

Decision rationale: The EMedicine article identifies documentation of subjective findings (low back pain with associated L5, S1 radiculopathy), objective findings (may include: piriformis

muscle spasm, tenderness on the lateral pelvic wall that reproduces symptoms on digital rectal examination; Pace test, Freiberg test, Beatty maneuver, painful point may be present at the lateral margin of the sacrum), lumbar spine imaging findings (to exclude associated diskogenic and/or osteoarthritic contributing pathology) and failure of conservative treatment (such as: stretching, manual techniques, activity modifications, natural healing, physical therapy, modalities such as heat and ultrasonography), as criteria necessary to support the medical necessity of a piriformis muscle injection. Within the medical information available for review, there is documentation of diagnoses of lumbago, depression, and myofascial pain syndrome/fibromyalgia. In addition, there is documentation of subjective findings (piriformis syndrome with pain shooting down legs) and objective findings (tender piriformis). However, there is no documentation of lumbar spine imaging findings (to exclude associated diskogenic and/or osteoarthritic contributing pathology) and failure of conservative treatment (stretching, manual techniques, activity modifications, natural healing, physical therapy, modalities such as heat and ultrasonography). Therefore, based on guidelines and a review of the evidence, the request for piriformis injection is not medically necessary.