

<b>Case Number:</b>	CM14-0009556		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Occupational Medicine 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:

This is a 57-year-old female patient with a 12/3/10 date of injury. She injured herself when she slipped on plastic wrap and felt acute pain in her lower back. A 1/22/14 progress report indicated that the patient continued to complain of pain in her lower back and left leg, 8/10. She had several L2 sympathetic blocks, and each of which gave her 100% pain relief. Physical exam revealed antalgic gait, with cane, tenderness in the left lumbosacral musculature. Pelvic palpation demonstrated exquisitely tender left sacroiliac joint and greater trochanteric bursa, piriformis muscle, and positive FABER's test. She was diagnosed with left lower extremity CRPS and left sacroiliitis, piriformis syndrome, and greater trochanteric bursitis. Treatment to date: medication management, sympathetic block. On 2/21/13 she had left piriformis and left trochanteric bursal injection. On 5/16/13 the patient had right sacroiliac joint injection, also right piriformis and right trochanteric bursal injection. There is documentation of a previous 12/23/13 adverse determination, based on the fact that there was limited information of extent and relief noted from injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SACROILIAC JOINT, PIRIFORMIS AND TROCHANTER INJECTIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 and Pelvis Chapter), Sacroiliac joint injections; Article: Piriformis Syndrome: Treatment & Medication; "Trochanteric Bursitis".

**Decision rationale:** Regarding Sacroiliac Joint Injections, CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). Regarding Piriformis injections, CA MTUS does not address this issue. ODG states that piriformis injections are recommended for piriformis syndrome after a one-month physical therapy trial. Piriformis injections may be considered with subjective/objective findings consistent with Piriformis Syndrome, lumbar spine imaging findings to exclude associated diskogenic and/or osteoarthritic contributing pathology, and failure of conservative treatment. Regarding Trochanteric injections, CA MTUS does not address this issue. Look for pain in the hip region on walking, and tenderness over the upper part of the femur, which may result in the inability to lie in comfort on the affected side, specific range of motion testing or prior conservative treatment including rest, avoiding actions that results in aggravation of the pain, anti-inflammatories prior to definitive treatment of a steroid injection. The patient presented with lower back and left leg pain. There was a documentation supporting 100% pain relief following L2 sympathetic block. In addition, there were documentations dated on 2/21/13, that she had left piriformis and left trochanteric bursal injection, and 5/16/13 about right sacroiliac joint injection, also right piriformis and right trochanteric bursal injection. However, there was no documentation to support functional gains or pain relief following these procedures. In addition there were no imaging diagnostic tests available to support the diagnosis. There was no evidence of prior physical therapy trial, failure of medication management. Therefore, the request for left sacroiliac joint, piriformis and trochanter injections was not medically necessary.