

Case Number:	CM14-0123236		
Date Assigned:	08/08/2014	Date of Injury:	10/15/2002
Decision Date:	09/17/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 51-year-old female with a reported date of injury on 10/15/2002. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbago, post laminectomy syndrome to the lumbar region, and long narcotic use. Her previous treatments were noted to include surgery, and medications. The progress note dated 06/19/2014 revealed the injured worker complained of lower back pain and reported she had had injections for sciatica before and that it had helped. The injured worker suffered from anxiety secondary to the injury and pain and also dealt with restless leg syndrome and was unable to sleep at times. The injured worker was stable for the most part with her medication allowed her to be functional. The injured worker reported her back pain rated 2/10 with medications. The physical examination of the lumbar spine noted tenderness at the facet joint, decreased flexion, decreased extension, and decreased lateral bending. The progress note dated 07/17/2014 revealed the injured worker complained of back pain with leg pain/sciatica rated 5/10 with medications. The physical examination of the lumbar spine revealed tenderness at the lumbar spine, facet joint, and decreased flexion, extension, and lateral bending. The Request for Authorization Form was not submitted within the medical records. The request was for a right side sacral 1 joint injection triple block (sacral 1 joint injection, piriformis injection, trochanteric bursa injection) to decrease sacroiliac joint pain along with compressive sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side Sacral 1 joint injection triple block (Sacral 1 joint injection, piriformis injection, trochanteric bursa 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-Sacroiliac Therapeutic sacroiliac blocks.

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, Sacroiliac joint injections, Piriformis injections, Trochanteric Bursitis injections.

Decision rationale: The request for a right side sacral 1 joint injection triple block (sacral 1 joint injection, piriformis injection, trochanteric bursa injection) is non-certified. The injured worker complains of low back pain with sciatica. The Official Disability Guidelines recommend sacroiliac joint injections as an option if failed at least 4 to 6 weeks of aggressive conservative therapy. The guidelines recommend piriformis injections for piriformis syndrome after a 1 month physical therapy trial. Piriformis syndrome is a common cause of low back pain and it accounts for 6% to 8% of patients presenting with buttock pain, which may variably be associated with sciatica, due to a compression of sciatic nerve by the piriformis muscle. Piriformis syndrome is primarily caused by a fall injury, but other causes are possible, including pyomyositis, dystonia musculorum deformans and fibrosis after deep injections. Symptoms increase buttock pain and tenderness with or without electrodiagnostic or neurological signs. Pain is exacerbated in prolonged sitting. Specific physical findings are tenderness at the sciatic notch and buttock pain in flexion, abduction, and internal rotation of the hip. For conservative measures to be effective, the patient must be educated with aggressive home-based stretching program to maintain piriformis muscle flexibility. He or she must comply with the program even beyond the point of discontinuation of formal medical treatment. Injection therapy can be incorporated if the situation is refractory to the aforementioned treatment program. The guidelines recommend trochanteric bursitis injections. The gluteus medius tendinosis/tears and trochanteric bursitis/pain and/or symptoms that are often related, and commonly correspond with shoulder tendinosis and subacromial bursitis, although there is no evidence of a direct correlation between the hip and shoulder. All of these disorders are associated with hip pain and morbidity. For trochanteric pain, corticosteroid injection is safe and highly effective, with a single corticosteroid injection after often providing satisfactory pain relief. Trochanteric bursitis is the second leading cause of hip pain in adults, and a steroid anesthetic single injection can provide rapid and prolonged relief. There is a lack of documentation with clinical findings consistent with piriformis syndrome or trochanteric bursitis. There is a lack of documentation regarding sacral joint pain to warrant a sacral joint injection. The guidelines recommend injections after failure of conservative treatment and there is a lack of documentation regarding previous treatments attempted. Therefore, the request is not medically necessary.