

<b>Case Number:</b>	CM14-0167522		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 case involves a 33 year old male with a date of injury on 2/3/2012. Diagnoses include lumbago, low back pain, radiculitis, and foot pain. Subjective complaints are of continued symptoms of the right sacroiliac (SI) joint. Physical exam showed tenderness at the lumbar spine and facet joints, with crepitus, and decreased range of motion. There is also a positive Gaenslen test, sacral compression test, and sacral thrust test. There is tenderness at the right hip joint line and greater trochanter, and along femur. MRI from 7/23/14 showed a disc protrusion at L5-S1. Request is for a right SI joint, piriformis, and trochanteric bursa injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right SI joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip/Pelvis, SI Joint Injection

**Decision rationale:** The Official Disability Guidelines (ODG) recommends SI joint injections following failure of conservative treatment, such as four to six weeks of a comprehensive

exercise program, icing, mobilization and anti-inflammatories. The ODG recommends the following as criteria for the use of sacroiliac blocks: The history and physical should suggest the diagnosis; and diagnostic evaluation must first address any other possible pain generators. The patient does not have record of failing recent aggressive conservative therapy including physical therapy (PT), and home exercise. For this patient, there is also a potential pain generator identified in the lumbar spine from MRI. Therefore, this request 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HIP/PELVIS, PIRIFORMIS INJECTIONS

**Decision rationale:** The Official Disability Guidelines (ODG) recommends injections for piriformis syndrome after a one-month physical therapy trial. Symptoms include buttock pain and tenderness with or without electrodiagnostic or neurologic signs. Specific physical findings are tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation of the hip. For this patient, objective exam findings do not identify signs of piriformis pathology. Therefore, this request is not medically necessary.

**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 (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip/Pelvis, Trochanteric Bursa Injections

**Decision rationale:** The Official Disability Guidelines (ODG) states that trochanteric injections are recommended for trochanteric bursitis. For this patient, the submitted reports do not offer clear symptoms representative of trochanteric bursitis, objective signs or associated provocation tests. Therefore, this request is not medically necessary.