

<b>Case Number:</b>	CM14-0054155		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Family 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:

The injured worker is a 56 year old female who sustained an injury to her low back on 10/13/11. The mechanism of injury was a slip and fall, injuring her right knee. The clinical note dated 07/02/14 reported that the injured worker complained of bilateral knee pain. She stated that her sleep cycle is poor secondary to posttraumatic stress disorder, lack of Wellbutrin is causing headaches and mood swings, lack of Ambien is causing sleep disorder and lack of Celebrex is causing more knee achiness with pain at 2/10 VAS in the right knee. Physical examination noted improved gait; no pelvic tilt; sacroiliac joints non tender; mild tenderness to the bilateral knees; range of motion within normal limits; motor strength 5/5 throughout, bilaterally equal and within normal limits; deep tendon reflexes bilaterally equal and within normal limits; sensory examination normal. The injured worker was diagnosed with right knee pain status post total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right then left sacroiliac joint piriformis and greater trochanteric bursa injection in two visits at hospital.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, SI Blocks; trochanteric injection

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sacroiliac Joint Injections Page(s): 345.

**Decision rationale:** The request for right then left sacroiliac joint piriformis and greater trochanteric bursa injection in two visits at hospital is not medically necessary. The previous request was denied on the basis that the CAMTUS does not support the use of SI joint injections. Furthermore, signs and symptoms of SI dysfunction are not sufficiently documented in the clinicals received. Therefore, the SI joint injection was not authorized. Regarding piriformis injection, the request does not meet criteria in that sufficient specific physical findings establishing piriformis syndrome are not documented in the clinicals received. Therefore, the piriformis injection was also not deemed as medically appropriate. Current guidelines require at least 3 positive special testing maneuvers for sacroiliac joint dysfunction, which were not evident on most recent physical examination. Furthermore, there was no information provided that would indicate why these injections cannot be performed outpatient, instead of at the hospital. Given this, the request for right then left sacroiliac joint piriformis and greater trochanteric bursa injection in two visits at hospital is not medically necessary.