

<b>Case Number:</b>	CM14-0082445		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 44-year-old male with a reported date of injury on 08/18/2010. The mechanism of injury was noted to be a lifting injury. His diagnoses were noted to include chronic left shoulder sprain/strain with full-thickness tear of the supraspinatus, osteoarthropathy of the acromioclavicular joint, and minimal subacromial bursitis, subdeltoid tenderness with impingement to the left side, left piriformis syndrome, left sacroiliac joint dysfunction, lumbar spine multilevel disc desiccation, and chronic sprain/strain to the left knee with a grade III tear and anterior horn of the medial meniscus. His previous treatments were noted to include piriformis injections, medication, and acupuncture. The progress note dated 05/16/2014 revealed the injured worker complained of left buttock pain that radiated to the leg and was described as electrical rated 6/10 to 7/10 and numbness in the back of his leg down to the toes and up the front of his left thigh. The tingling was painful and occurred 6 to 7 times a day. The injured worker complained of low back pain described as pressure that radiated down the left buttock down to the knee and the hip area. The injured worker complained of pain and with decreased range of motion to the left shoulder rated 4/10 to 5/10. The injured worker also complained of constant left knee pain, cracking, increasing with activities of daily living, taking stairs, kneeling, and squatting. The physical examination of the lumbar spine revealed normal range of motion, sciatic notch tenderness on the left, and paravertebral muscle tenderness on the left. The straight leg raise test was negative and there was tenderness at the sciatic notch and the sciatic joint on the left. The physical examination of the hip noted no trochanteric tenderness and normal range of motion. The motor examination revealed individual muscle testing rated 5/5 throughout except abductor of the thigh, hip flexor, and knee extensors 4+/5. There was a decreased sensation in the distribution of the left L5-S1. The deep tendon reflexes were 2+ throughout. The injured worker received a piriformis injection 3 months prior and it substantially decreased

the frequency of pain and its severity. The request for authorization form was not submitted within the medical records. The request was for a left piriformis injection and sacroiliac joint injection for pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LEFT PIRIFORMIS INJECTION AND 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/PIRIFORMIS INJECTIONS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Piriformis injections, Sacroiliac joint blocks.

**Decision rationale:** The request for a left piriformis injection and sacroiliac joint injection is non-certified. The injured worker has received a previous piriformis injection with good benefit. The Official Disability Guidelines recommend piriformis injections for piriformis syndrome after a 1 month physical therapy trial. Piriformis syndrome is a common cause of low back and accounts for 6% to 8% of patients presenting with buttock pain, which may variably be associated with sciatica, due to compression of the 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 include buttock pain and tenderness with or without electrodiagnostic or neurologic signs. Pain is exacerbated by prolonged sitting. Specific physical findings are tenderness in the sciatic notch and buttock pain with flexion, abduction, and internal rotation of the hip. Imaging modalities are really helpful, but electrophysiologic studies should confirm the diagnosis, if not immediately, then certainly in a patient re-evaluation and as such should be sought persistently. Injection therapy can be incorporated if the situation is refractory to the conservative treatment program. The Official Disability Guidelines recommend sacroiliac joint blocks as an option if the injured worker fails at least 4 to 6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and diagnosis is often difficult to make due to the presence of other low back pathology. The diagnosis is also difficult to make as pain symptoms and may depend on the region of the sacroiliac joint that is involved. Pain may radiate into the buttock, groin, and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the sacroiliac joint. The specific test for motion, palpation, and pain provocation for sacroiliac joint dysfunction is the cranial shear test, extension test, flamingo test, Fortin finger test, Gaenslen's test, Gillet's test, Patrick's test, pelvic compression test, pelvic distraction test, pelvic rock test, resisted abduction test, sacroiliac shear test, standing flexion test, seated flexion test, and thigh thrust test. The guideline's criteria for the use of sacroiliac blocks is the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. The diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. Blocks are performed under fluoroscopy. A

positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least greater than % pain relief recorded for this period. The injured worker has been diagnosed with piriformis syndrome and has consistent buttock pain and tenderness. However, the guidelines recommend a piriformis injection after 1 month physical therapy trial which the injured worker has not participated in. There is a lack of documentation regarding the specific test for sacroiliac joint diagnosis and the guidelines state the injured worker must fail at least 4 to 6 weeks of aggressive conservative therapy including physical therapy before undergoing the injection. The guidelines recommend failure of physical therapy prior to either a piriformis or sacroiliac joint injection. Therefore, the request is non-certified.