

Case Number:	CM15-0017873		
Date Assigned:	02/05/2015	Date of Injury:	09/26/2012
Decision Date:	04/07/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/30/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 47-year-old male, with a reported date of injury of 09/26/2012. The diagnoses include chronic pain, sacroiliac syndrome, lumbar spine degenerative disc disease, lumbar spine herniated nucleus pulposus, lumbar spine radiculopathy, and lumbar spine pain. Treatments have included bilateral L3 and L4 transforaminal epidural steroid injection on 12/10/2014, physical therapy, oral medication, and an MRI of the lumbar spine on 10/2013. The medical record dated 12/22/2014 indicates that the injured worker reported that his pain level rated 2 out of 10 after getting a bilateral L3 and L4 transforaminal epidural steroid injection. He continued to have the same pain as before with low back pain on both sides with the right greater than the left, as well as pain going into the right lateral thigh. The physical examination included a wide-based gait, positive bilateral knee and ankle reflexes, tenderness to palpation over the sacroiliac joint with right greater than left, tenderness to palpation over the spinous process from L1-S1, and positive straight leg raise on the right. The treating physician requested bilateral sacroiliac joint injections, piriformis trigger point injections to be completed with intravenous (IV) sedation and fluoroscopy on an outpatient basis. On 01/06/2015, Utilization Review (UR) denied the request for bilateral sacroiliac joint injections, piriformis trigger point injections to be completed with intravenous (IV) sedation and fluoroscopy on an outpatient basis. The UR physician noted that there was no documentation that the injured worker was at high risk of drug abuse, or any evidence of misuse or non-compliance. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injections: Piriformis trigger point injections to be completed with IV sedation and fluroscopy on an outpatient basis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Sacroiliac Joint Blocks. Official Disability Guidelines, Hip and Pelvis, Piriformis Injections.

Decision rationale: The official disability guidelines indicate that the criteria for SI joint injections includes at least three physical examination findings indicating SI joint related pain. The most recent progress note dated January 30, 2015 indicates tenderness of the right side SI joint and minimal tenderness on the left. There were no additional SI joint specific tests performed. Without justification to proceed, this request for bilateral sacroiliac joint injections is not medically necessary. Regarding piriformis trigger point injections, the same progress note does not indicate any pain or tenderness on physical examination that would indicate that the injured employee has piriformis syndrome, nor is there a diagnosis of this provided. As such, this request for piriformis trigger point injections is not medically necessary.