

Case Number:	CM15-0132897		
Date Assigned:	07/21/2015	Date of Injury:	06/30/2004
Decision Date:	08/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/09/2015

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

Certification(s)/Specialty: Emergency Medicine

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 75 year old male who sustained an industrial injury on 06/30/2004. Mechanism of injury was not found in documents presented. Diagnoses include lumbar degenerative disc disease, sacroiliitis, and Piriformis syndrome. Treatment to date has included diagnostic studies, medications, bilateral radiofrequency ablation done in April of 2015 with 80% relief, medial branch blocks done on 02/13/2015. His current medications include Terazosin, Lipitor, Finasteride, Tricor, Aciphex, Aspirin, Nasonex, Centrum Silver, Fish Oil, Fiber, Tramadol and Tylenol. A physician progress note dated 06/02/2015 documents the injured worker complains of low back pain and right hip pain. He has had bilateral radiofrequency ablation done in April of 2015 with 80% relief, but the primary residual pain is below the area of treatment. He had bilateral median branch blocks done on 02/23/2015 and had 90% relief for about 6 hours and all his normal activities were easily done. He has had previous successful treatment of his low back pain with radiofrequency ablation in 2009, 2011, and 2013 with nearly 2 years of relief each time. He also has some issues with neck pain and muscle spasms. Lumbar spine range of motion is uncomfortable in extension, rotation and lateral bending. There is tenderness in the bilateral sacroiliac joints and piriformis muscles, with positive distraction test, Faber's and hip thrust bilaterally. Treatment requested is for 2 Piriformis injections with fluoroscopy and 2 sacroiliac joint injections with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 sacroiliac joint injections with fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), National Clearinghouse Guidelines.

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 (Acute & Chronic), Sacroiliac joint blocks.

Decision rationale: The requested 2 sacroiliac joint injections with fluoroscopy, is medically necessary. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks, note criteria for such injections as "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management." The injured worker has low back pain and right hip pain. He has had bilateral radiofrequency ablation done in April of 2015 with 80% relief, but the primary residual pain is below the area of treatment. He had bilateral median branch blocks done on 02/23/2015 and had 90% relief for about 6 hours and all his normal activities were easily done. He has had previous successful treatment of his low back pain with radiofrequency ablation in 2009, 2011, and 2013 with nearly 2 years of relief each time. He also has some issues with neck pain and muscle spasms. Lumbar spine range of motion is uncomfortable in extension, rotation and lateral bending. There is tenderness in the bilateral sacroiliac joints and piriformis muscles, with positive distraction test, Faber's and hip thrust bilaterally. The treating physician has adequately documented persistent symptomatology, positive exam findings and functional benefit from previous injections/rhizotomies. The criteria noted above having been met, 2 sacroiliac joint injections with fluoroscopy is medically necessary.

2 Piriformis injections with fluoroscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 & Pelvis, Acute & Chronic; Piriformis injections.

Decision rationale: The requested 2 Piriformis injections with fluoroscopy, is medically necessary. CA MTUS is silent. Official Disability Guidelines, Hip & Pelvis, Acute & Chronic; Piriformis injections note "Recommended for piriformis syndrome after a one-month physical therapy trial. No consensus exists on overall treatment of piriformis syndrome due to lack of objective clinical trials. Conservative treatment (e.g., stretching, manual techniques, injections, activity modifications, modalities like heat or ultrasound, natural healing) is successful in most

cases. For conservative measures to be effective, the patient must be educated with an aggressive home-based stretching program to maintain piriformis muscle flexibility." The injured worker has low back pain and right hip pain. He has had bilateral radiofrequency ablation done in April of 2015 with 80% relief, but the primary residual pain is below the area of treatment. He had bilateral median branch blocks done on 02/23/2015 and had 90% relief for about 6 hours and all his normal activities were easily done. He has had previous successful treatment of his low back pain with radiofrequency ablation in 2009, 2011, and 2013 with nearly 2 years of relief each time. He also has some issues with neck pain and muscle spasms. Lumbar spine range of motion is uncomfortable in extension, rotation and lateral bending. There is tenderness in the bilateral sacroiliac joints and piriformis muscles, with positive distraction test, Faber's and hip thrust bilaterally. The treating physician has adequately documented persistent symptomatology, positive exam findings and functional benefit from previous injections/rhizotomies. The criteria noted above having been met, 2 Piriformis injections with fluoroscopy is medically necessary.