

<b>Case Number:</b>	CM15-0163122		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Illinois, California, Texas

Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 60-year-old female who sustained an industrial injury on 3/8/11. The mechanism of injury was not documented. The 7/15/15 treating physician report cited decreased grade 5-6/10 low back pain radiating down the right leg with walking and complaints of cramping in her foot. She underwent bilateral sacroiliac (SI) joint injections on 6/15/15 with 100% relief of symptoms for 3 to 4 days, and improvement in mobility and sitting tolerance. She was also able to decrease her medications. Physical examination revealed antalgic gait to the right, heel-toe walk exacerbated on the right, diffuse moderate lumbar paravertebral muscle tenderness, moderate L3-L5 facet tenderness, and tenderness to palpation over the left piriformis muscle radiating to the left gluteal region. There was a positive FAIR piriformis stress test, positive sacroiliac provocative testing, and positive Kemp's test. Straight leg raise produced back pain. There was mild loss of lumbar flexion and moderate loss of lumbar extension. There was 4/5 left knee extensor weakness, 2+ and symmetrical deep tendon reflexes, and intact sensation. The diagnosis included lumbar disc disease, lumbar radiculopathy, lumbar facet arthropathy, bilateral sacroiliac joint arthropathy, and left piriformis syndrome. The treating physician indicated that the injured worker had failed conservative treatment in the form of physical therapy, chiropractic manipulation, medication, rest, and home exercise program. She had positive SI joint provocative testing. The treatment included continuation of her home exercise program as directed by the therapist. Authorization was requested for bilateral sacroiliac joint rhizotomy and neurolysis, and left piriformis injection. The 8/10/15 utilization review non-certified the request for bilateral SI joint rhizotomy and neurolysis as guidelines do not currently

support this intervention and the provided documentation lacked any exceptional factors to support the request. The request for left piriformis injection was non-certified as there was no evidence of a recent physical therapy or home exercise program trial.

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

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

#### **Bilateral sacroiliac joint rhizotomy and neurolysis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter.

**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: Sacroiliac joint radiofrequency neurotomy.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for sacroiliac joint radiofrequency rhizotomy. The Official Disability Guidelines state that sacroiliac joint radiofrequency neurotomy is not recommended. Evidence is limited for this procedure and the use of all sacroiliac radiofrequency techniques has been questioned, in part, due to the fact that the innervation of the sacroiliac joint remains unclear. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure. There was no compelling rationale submitted to support the medical necessity of sacroiliac joint radiofrequency neurotomy in the absence of guideline support and as an exception to guidelines. Therefore, this request is not medically necessary.

#### **Left Piriformis Injection: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter.

**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.

**Decision rationale:** The California MTUS guidelines do not provide guidelines for piriformis injections. The Official Disability Guidelines state that piriformis injections are recommended for piriformis syndrome after a one-month physical therapy trial. Symptoms include buttock pain and tenderness with or without electrodiagnostic or neurologic signs. Pain is exacerbated in prolonged sitting. Specific physical findings are tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation (FADIR) of the hip. Guideline criteria have been met. This injured worker presents with persistent low back and buttock pain. Signs/symptoms and clinical exam findings are consistent with the diagnosis of left piriformis syndrome. The treating physician has documented the failure of physical therapy and chiropractic treatment. Therefore, this request is medically necessary.

