

Case Number:	CM15-0184638		
Date Assigned:	09/25/2015	Date of Injury:	06/18/2014
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59 year old male who sustained an industrial injury on 6-18-14. The injured worker reported back pain. A review of the medical records indicates that the injured worker is undergoing treatments for chronic low back pain and probably facet joint involvement and low back pain. Medical records dated 5-6-15 indicate "lower back hurts more with twisting and bending backwards than it does moving forward." Provider documentation dated 5-6-15 noted the work status as "not working due to no modified duty available". Treatment has included chiropractic treatments. Objective findings dated 5-6-15 were notable for palpable pain over the L4-L5 and L5-S1 bilaterally and over the facet joints, sensation and strength noted to be intact. The original utilization review (8-28-15) denied a request for SI joint injection, Piriformis injection and trochanteric bursa injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI joint injection, Piriformis injection and trochanteric bursa injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks (2) Hip & Pelvis (Acute & Chronic), Piriformis injections (3) Hip & Pelvis (Acute & Chronic), Trochanteric bursitis injections and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Low Back Disorders, p191.

Decision rationale: The claimant sustained a work injury in June 2014 and is being treated for low back, hip, and pelvic pain after slipping while pushing a barrel. There had been worsening pain after chiropractic treatments. Physical therapy had been provided. When seen, he had not improved after lumbar medial branch blocks. There was pain with lumbar extension. There was sacroiliac joint pain with flexion, abduction, and external rotation of the hip. There was lumbar and paraspinal muscle tenderness. A triple block is being requested. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, there are no positive sacroiliac joint tests documented. There is no evidence of rheumatologic inflammatory arthritis involving the sacroiliac joint. A piriformis injection can be recommended for piriformis syndrome after a one-month physical therapy trial. Localization techniques include manual localization of muscle with fluoroscopic and electromyographic guidance, or ultrasound. In this case, there is no document trial of physical therapy treatment specifically for piriformis syndrome. A trochanteric bursa injection is recommended. For trochanteric pain, corticosteroid injection is safe and highly effective, and a single corticosteroid injection can provide rapid and prolonged relief. A steroid injection should be offered as a first-line treatment of trochanteric bursitis. However, in this case, there was no physical examination findings reported in the documentation provided for review such as point tenderness over the greater trochanteric bursa that would support the medical necessity of this procedure. Therefore, the request cannot be accepted as being medically necessary.