

<b>Case Number:</b>	CM15-0197292		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	07/17/2002
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 07-17-2002. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, high cholesterol, and lumbar degenerative disc disease, right sacroiliac (SI) joint pain, piriformis syndrome, and right foot drop. Medical records (04-02-2015 to 09-18-2015) indicate ongoing, but decreased, low back pain and bilateral leg burning and tingling sensations. Pain levels were 7 out of 10 on a visual analog scale (VAS) on 04-02-2015 and reduced to 2 out of 10 on 06-29-2015. The progress note (06-29-2015) stated that the IW's pain was reduced from 9 out of 10 to 2 out of 10 after undergoing SI joint injections. Records also indicate improved activity levels and level of functioning since last sacroiliac joint injection. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09- 18-2015, revealed inability to sit comfortably, antalgic gait favoring right lower extremity, diffuse tenderness over the bilateral lumbar paraspinous, discomfort with lumbar range of motion, positive pelvic tilt, moderate tenderness in the right SI joint, piriformis muscle and greater trochanter, positive right Fabere's, hip thrust and distraction tests, and 0 out of 5 right dorsiflexion. Relevant treatments have included: steroid injections, SI joint injections with "very little pain most of the time" and also resulting in a reduction in narcotic pain medications, work restrictions, and pain medications. The request for authorization (09-21-2015) shows that the following procedure was requested: right SI joint injection, right piriformis injection, and right greater trochanter bursa injection (triple block). The original utilization review (09-28-2015)

non-certified the request for a right SI joint injection, right piriformis injection, and right greater trochanter bursa injection (triple block).

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

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

**Right sacroiliac joint injection, right piriformis injection, and right greater trochanter bursa injection (triple block): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, SI injections.

**Decision rationale:** ACOEM, Chapter 3, Initial Approaches to Treatment, page 48 ODG, Hip section, under sacroiliac injections. This claimant was injured now 13 years ago. The request is for injections to several areas. Per the MTUS, injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with therapies that are more conservative. Steroids can weaken tissues and predispose to re-injury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. The MTUS was silent on SI injections. The ODG notes for Sacroiliac Injections: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Imaging studies are not helpful. 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. In this case, there was no physical examination confirming at least three (3) sacroiliac joint signs. The back pain the claimant relates has a non-specific pattern, not clearly referable to the sacroiliac joints. The request is appropriately non-certified. In regards to adding a piriformis injection, the Manchikanti Pain Management guidelines, multiple injections to difference areas are not supported, as the diagnostician loses clinical information as to where the true pain generator is. Piriformis signs are not noted. Therefore, the request is appropriately not necessary.