

Case Number:	CM15-0029324		
Date Assigned:	02/23/2015	Date of Injury:	04/27/2012
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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 55 year old female, who sustained an industrial injury on 04/27/2012. The diagnoses have included lumbar disc disease, lumbar radiculopathy, and intractable low back pain. Noted treatments to date have included epidural steroid injection, physical therapy, activity modifications, psychiatric counseling, and medications. No MRI report noted in received medical records. In a progress note dated 01/02/2015, the injured worker presented with complaints of low back and right wrist pain. The treating physician reported good benefit from third lumbosacral epidural steroid injection. Utilization Review determination on 01/20/2015 non-certified the request for left sacroiliac joint injection with left piriformis injection citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint injection with left piriformis injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 185. Decision based on Non-MTUS Citation ODG Hip & Pelvis Piriformis injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks, Low Back - Lumbar & Thoracic (Acute & Chronic), Piriformis injections.

Decision rationale: The Official Disability Guidelines state that there is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. If helpful, the blocks may be repeated; however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program. The available medical documentation does not meet the ODG criteria required for authorization of an injection. There is no documentation that the patient has undergone the above regimen of therapy or has evidence of a clinical picture suggestive of sacroiliac injury. Sacroiliac joint injection is not medically necessary. 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. He or she must comply with the program even beyond the point of discontinuation of formal medical treatment. Injection therapy can be incorporated if the situation is refractory to the aforementioned treatment program. The medical record fails to document the above criteria which are necessary for recommending a piriformis injection. Left sacroiliac joint injection with left piriformis injection are not medically necessary.