

<b>Case Number:</b>	CM15-0056900		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/23/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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:

This 43-year-old male sustained an industrial injury on 8/12/98. He subsequently reported right upper leg, right hip, both hands and low back. Diagnoses include left sacroiliitis and thoracolumbar strain. Diagnostic testing has included x-rays and MRIs. Treatments to date have included physical therapy, injections, acupuncture and prescription pain medications. The injured worker continues to experience low back pain with radiation to the lower extremities. A request for Sacroiliac joint injection (left) QTY: 1.00 and Piriformis injection (left) QTY: 1.00 was made by the treating physician. Historically he receives these injections about every 6 months. He is able to stop all meds for several months and has been able to return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sacroiliac joint injection (left) QTY: 1.00:** 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 - Sacroiliac joint blocks.

**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 injections.

**Decision rationale:** MTUS Guidelines do not adequately address this request. However, ODG Guidelines address this in detail. Due to the scientific uncertainty that Sacroiliac joint injections (SI) are effective long term, Guidelines have very specific standards to justify repeat injections. This individual meets these Guideline criteria. He experiences substantial relief for several months as evidenced by discontinuing medications and continuing to work full duty. Under these circumstances the SI joint injection left #1 is supported by Guidelines and is medically necessary.

**Piriformis injection (left) QTY: 1.00:** Overturned

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

**Decision rationale:** MTUS Guidelines do not adequately address this request. However, ODG Guidelines address this issue in detail. Due to the scientific uncertainty that Piriformis injections are effective long term, Guidelines have very specific standards to justify repeat injections. This individual meets these Guideline criteria. He experiences substantial relief for several months as evidenced by discontinuing medications and continuing to work full duty. Under these circumstances, the Piriformis injections (left) #1 is supported by Guidelines and is medically necessary.