

<b>Case Number:</b>	CM14-0115686		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	04/11/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45 year old female who sustained an injury to her low back on 04/01/11 while lifting a 50 lb. box overhead in a twisting position on a ladder and felt a pull in the low back. Records indicate that the injured worker underwent right sacroiliac joint, piriformis, and greater trochanteric bursa injections on 04/03/14 that provided 40-50% relief for 3 weeks. The injured worker also underwent sacroiliac joint radiofrequency ablation with benefit, but not long lasting. The clinical note dated 06/11/14 reported that the injured worker continued to complain of low back and right leg pain at 7/10 VAS. Physical examination noted stooped posture; musculoskeletal lumbar examination within normal limits; lumbar palpation non-tender; lumbar range of motion noted the ability to extend and rotate with minimal to no discomfort; pelvis noted right higher than left pelvic tilt; tenderness to palpation in the right sacroiliac joint; piriformis muscle, and greater trochanteric bursa. Fabre's distraction test and compression testing were positive. Range of motion in the bilateral lower extremities was not indicated. Motor strength equal bilaterally and within normal limits at 5/5; sensory intact. The injured worker was diagnosed with right sacroiliitis, piriformis syndrome, and greater trochanteric bursitis. The plan of care included right sacroiliac joint, piriformis, and greater trochanteric bursa injections as well as follow up visits after the procedures have been performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right SI joint injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis (updated 3/25/14) Sacroiliac joint blocks ;Criteria for the use of sacroiliac blocks

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sacroiliac Joint Injections Page(s): 345.

**Decision rationale:** The request for right sacroiliac joint injection is not medically necessary. The previous request was denied on the basis that in this case, the treating physician noted that the injured worker received only 40-50% relief for 3 weeks. As such, a repeat block cannot be supported by guidelines and was not deemed as medically appropriate. The CAMTUS states that in the treatment or therapeutic phase, the suggested frequency would be 2 months or longer between each injection, provided that at least greater than 50% relief is obtained for at least 6 weeks. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria. Given this, the request for right sacroiliac joint injection is not indicated as medically necessary.

**Trochanteric Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; regarding trochanteric bursitis 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 chapter, Trochanteric bursitis injections

**Decision rationale:** The request for a trochanteric injection is not medically necessary. The previous request was denied on the basis that in this case, the treating physician noted that the injured worker has recently received a trochanteric injection, but the procedure report and pain logs are not provided for review. As such, the request was not deemed as medically appropriate. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for a trochanteric injection is not indicated as medically necessary.

**Piriformis Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; 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 chapter, Piriformis injections

**Decision rationale:** The request for a piriformis injection is not medically necessary. The previous request was denied on the basis that in this case, the treating physician notes that the injured worker has recently received a trochanteric injection, but the procedure report and pain

logs were not provided for review. As such, the request was not deemed as medically appropriate. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for a piriformis injection is not indicated as medically necessary.