

<b>Case Number:</b>	CM14-0141557		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	09/19/1984
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 patient is a 70 years old female with an injury date on 09/19/1984. Based on the 07/16/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical degenerative disc disease 2. Status post multi-level cervical laminectomy 3. Lumbar degenerative disc disease 4. Low back pain 5. Depression 6. Chronic nausea secondary pain and medication According to this report, the patient complains of low back and bilateral leg pain. Physical exam reveals tenderness over the bilateral lumbar paraspinal muscles, lumbosacral musculature. Moderate to severe tenderness is also noted over the sacroiliac joints, piriformis muscle, and greater trochanteric bursa. Hip thrust compression test and Faber's test are positive. There were no other significant findings noted on this report. The utilization review denied the request on 08/05/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/20/2014 to 07/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT AND THEN LEFT SACROILIAC JOINT INJECTIONS X2: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines low back chapter under SI joint injections

**Decision rationale:** Regarding diagnostic sacroiliac joint injections, the Official Disability Guidelines recommend SI joint injection for 3 positive exam maneuvers, which this patient does have per examination. A review of the reports shows that the patient had prior sacroiliac joint injection(s); however, the date of the procedure is unknown. The treater does not document any reduction of pain and functional improvement from prior injection. The guidelines require clear documentation of benefit before repeat injections are recommended. As such, the request is not medically necessary.

#### **PIRIFORMIS MUSCLE INJECTIONS X2: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines low back chapter under Piriformis injections

**Decision rationale:** Regarding piriformis injections, the Official Disability Guidelines state they are recommended after a one-month physical therapy trial. Symptoms include buttock pain and tenderness with or without electrodiagnostic or neurologic signs. Pain is exacerbated in prolonged sitting. Specific physical findings are tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation (FADIR) of the hip. A review the of reports shows that the patient had prior piriformis injection(s); however, the date of the procedure(s) is unknown. In this case, there are no examination findings that suggest this diagnosis; no electrodiagnostic findings confirm this diagnosis and clinical presentation such as buttock pain and pain exacerbation with sitting are not documented. As such, the request is not medically necessary.

#### **GREATER TROCHANTERIC BURSA INJECTIONS X2: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines, hip chapter for trochanteric bursa injections

**Decision rationale:** Regarding trochanteric bursa injections, the Official Disability Guidelines state that, for trochanteric pain, corticosteroid injections are safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief. Given the patient's hip

symptomology a diagnostic trochanteric bursa injection is within the guidelines. However, the patient had this done in the past. The treater does not document how the patient responded in terms of pain reduction and functional improvement. As such, the request is not medically necessary.

**FLUOROSCOPY X2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the original request is not medically necessary, all related requests are considered to be medical unnecessary.