

<b>Case Number:</b>	CM14-0168685		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Family Medicine 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 49 year-old woman who was injured at work on 3/15/2008. The injury was primarily to the lower back and both legs. She is requesting review of denial for bilateral injection of the sacroiliac joints and piriformis muscles. Medical records corroborate ongoing care for her injuries. Her chronic diagnoses include: Spondylolisthesis L5-S1, with Pars Interarticularis Defects and Left Lumbar Radiculopathy; and Status Post L5-S1 Fusion (7/2012). Besides the above mentioned surgery, she has undergone an course of physical therapy. Her medication regimen has included: Tramadol, Neurontin, Cymbalta, Lyrica and Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Sacroiliac Joint and piriformis muscle injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Hip & Pelvis, Piriformis Injections; Sacroiliac Joint injections (SJI)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Acute & Chronic, Piriformis Injections and Sacroiliac Injections

**Decision rationale:** In this case, there is insufficient evidence to support the need for either piriformis injection or sacroiliac injection for the management of this patient's chronic pain. The medical records do not support the diagnosis of either piriformis syndrome or sacroiliac dysfunction. There are no documented physical exam/provocative findings consistent with either diagnosis. For piriformis syndrome, there are no confirmatory electrophysiologic tests to confirm the diagnosis, per the ODG recommendations. For a sacroiliac block, the records do not indicate that the patient meets the ODG criteria. In summary, there is insufficient documentation to support the use of either a piriformis or sacroiliac injection. Both are considered as not medically necessary.

**Right Sacroiliac Joint and piriformis muscle injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Hip & Pelvis, Piriformis Injections; Sacroiliac Joint injections (SJI)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Acute & Chronic, Piriformis Injections and Sacroiliac Injections

**Decision rationale:** In this case, there is insufficient evidence to support the need for either piriformis injection or sacroiliac injection for the management of this patient's chronic pain. The medical records do not support the diagnosis of either piriformis syndrome or sacroiliac dysfunction. There are no documented physical exam/provocative findings consistent with either diagnosis. For piriformis syndrome, there are no confirmatory electrophysiologic tests to confirm the diagnosis, per the ODG recommendations. For a sacroiliac block, the records do not indicate that the patient meets the ODG criteria. In summary, there is insufficient documentation to support the use of either a piriformis or sacroiliac injection. Both are considered as not medically necessary.