

<b>Case Number:</b>	CM14-0023225		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	06/01/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 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 42-year-old female with a 6/1/13 date of injury. Work status is noted to be unrestricted with ability to carry out usual and customary job. Progress note from 1/16/14 described left sided low back pain with radiation down to the left buttock. The patient had reduced range of motion, tenderness to palpation over the left sciatic notch over the piriformis and left SI joint. Hip range of motion was full. SLR was mildly positive on the left. MRI and Electromyography (EMG)/Nerve Conduction Velocity (NCV) were unremarkable. 2/3/14 progress note stated that the patient has stopped Gralise due to 2 side effects. 2/9/14 progress note again requested steroid injections. 3/10/14 Progress note described unchanged symptoms. There are complaints of left sided low back pain radiating into the left lower extremity; intermittent tingling and numbness in the left foot. Clinically, it was noted that the patient walks with an antalgic gait, favoring the left side. There was tenderness over the left lumbar paraspinals, left SI joint, and left sciatic notch. There was also tenderness over the left piriformis muscle; negative straight leg raising; and negative Febere's test on bilateral hips. Neurological examination was unremarkable. Injections to the left Sacroiliac Joint (SI) joint and left performance muscle were once more requested.

### 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 CORTICOSTEROID QUANTITY: 1:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis chapter; SI joint injection.

**Decision rationale:** Medical necessity for the requested left Sacroiliac Joint (SI) joint injection is not established. This request previously obtained an adverse determination due to lack of evidence of at least 3 months of conservative treatment, and at least 3 PE findings, identifying SI joint pain generator. Within the context of this appeal, several additional progress notes were provided. However, they did not address the reasons for prior adverse determination. There was a lack of 3 physical exam findings, confirming the diagnosis, as well as lack of documentation regarding rendered conservative treatment for the SI joint. The request is not medically necessary and appropriate.

**LEFT PIRIFORMIS INJECTION WITH CORTICOSTEROID QUANTITY: 1:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Hip & Pelvis Chapter Rev 12/9/13, Piriformis Injections.

**Decision rationale:** Medical necessity for the requested left piriformis injection is not established. This request previously obtained an adverse determination due to lack of adequate course of conservative treatment specifically for piriformis syndrome. Guidelines support piriformis injections when there is subjective/objective findings consistent with Piriformis Syndrome, lumbar spine imaging findings to exclude associated diskogenic and/or osteoarthritic contributing pathology, and failure of conservative treatment. As there is no clear description of failed conservative treatment, specifically for piriformis syndrome, the request is not medically necessary and appropriate.

**GRALISE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16-17.

**Decision rationale:** Medical necessity for the requested Gralise is not established. This request previously obtained an adverse determination due to lack of clarification why long acting gabapentin is necessary. There remains no discussion regarding the need for a more sustained

release, any side effects, or difficulties with compliance. Within the context of this appeal, there was documentation of side effects from this medication. The request is not medically necessary and appropriate.