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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 a 61 year old male, who sustained an industrial injury on 4/11/1994. The mechanism of injury was twisting while patching a hole in a tank. The injured worker was diagnosed as having low back pain, abdominal pain, sacroilitis and lumbosacral spondylosis without myelopathy. There is no record of a recent diagnostic study. Treatment to date has included acupuncture, chiropractic care, physical therapy massage therapy, and medication management. In a progress note dated 5/26/2015, the injured worker complains of pain deep in the left buttock. Physical examination showed lumbar decreased range of motion due to pain and tenderness in the left buttock. The treating physician is requesting outpatient bilateral lumbar 3, 4, 5 intra-articular facet injections under fluoroscopic guidance and left piriformis block under ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral L3, L4, L5 interarticular facet injections under fluoroscopic guidance: Upheld
**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of diagnostic blocks for facet.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** The MTUS is silent on lumbar facet injections. With regard to facet injections, ODG states: "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement." "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." Per the citation above, no more than two nerve root levels should be injected using transforaminal blocks. As the request is for three levels, medical necessity cannot be affirmed.

**Left piriformis block under ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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, Piriformis Injections.

**Decision rationale:** The MTUS guidelines are silent on piriformis block. Per the ODG guidelines "Recommended for piriformis syndrome after a one-month physical therapy trial. Piriformis syndrome is a common cause of low back pain and accounts for 6-8% of patients presenting with buttock pain, which may variably be associated with sciatica, due to a compression of the sciatic nerve by the piriformis muscle (behind the hip joint). Piriformis syndrome is primarily caused by fall injury, but other causes are possible, including pyomyositis, dystonia musculorum deiformans, and fibrosis after deep injections. 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. Imaging modalities are rarely
helpful, but electrophysiologic studies should confirm the diagnosis, if not immediately, then
certainly in a patient re-evaluation and as such should be sought persistently. Physical therapy
aims at stretching the muscle and reducing the vicious cycle of pain and spasm. It is a mainstay
of conservative treatment, usually enhanced by local injections. Surgery should be reserved as a
last resort in case of failure of all conservative modalities. No consensus exists on overall
treatment of piriformis syndrome due to lack of objective clinical trials." The documentation
submitted for review did not indicate that a physical therapy trial has occurred. As the criteria is
not met, the request is not medically necessary.