

Case Number:	CM15-0174932		
Date Assigned:	09/25/2015	Date of Injury:	06/30/2004
Decision Date:	11/02/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 75 year old male, who sustained an industrial injury on 6-30-2004. Medical records indicate the worker is undergoing treatment for lumbar degenerative disc disease and bilateral sacroiliitis and piriformis syndrome. A recent progress report dated 7-14-2015, reported the injured worker complained of low back pain and right hip pain, rated 10 out of 10. Physical examination revealed cervical tenderness with painful range of motion and tenderness noted at bilateral sacroiliac joints and piriformis muscles with uncomfortable range of motion. Treatment to date has included lumbar radiofrequency ablation, lumbar medial branch block, physical therapy and medication management. On 8-4-2015, the Request for Authorization requested Bilateral Sacroiliac Joint Injection x2 under Fluoroscopy and Bilateral Piriformis Injection x2. On 8-6-2015, the Utilization Review noncertified the request for Bilateral Sacroiliac Joint Injection x2 under Fluoroscopy and modified the request for Bilateral Piriformis Injection x2 to Bilateral Piriformis Injection x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Injection x2 under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Sacroiliac (SI) joint injections.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral SI joint injections times #2 under fluoroscopy are not medically necessary. The guidelines recommend the physical examination diagnostic criteria (see below) as a primary indication of pain related to the sacroiliac joint, with respect to sacroiliac pain, sacroiliac complex pain and sacroiliac dysfunction diagnostic signs and symptoms. Injections are not recommended for imaging studies for non-inflammatory pathology. Suggested physical examination indicators of pain related to the SI joint pathology include: history and physical should suggest the diagnosis. Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is generally not thought to be from the SI joint. There should be documentation of at least three positive exam findings to suggest the diagnosis. The five tests most recommended include pelvis distraction test, pelvic compression test, thigh thrust test, FABER (Patrick's test) and Gaenslien's test. Diagnostic evaluation must first address any other possible pain generators. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease with fast pain; and bilateral sacroiliitis, piriformis syndrome. Date of injury is June 30, 2004. Request for authorization is August 4, 2015. According to a July 14, 2015 progress note, subjective complaints include low back pain and right hip pain. Pain score is 10/10. A previous request was submitted for bilateral SI joint injection and piriformis injections that were denied. Injured worker had multiple radiofrequency ablations and bilateral medial branch blocks that provided 90% relief for six hours. The lumbar spine is non-tender, however there is tenderness overlying the SI joints and piriformis muscles. Injections are not recommended for imaging studies for non-inflammatory pathology. Sacroiliac joint blocks are not therapeutic and no treatment has been proven to be therapeutic for sacroiliac joint pain. There are no provocative diagnostic tests in the progress note documentation. The treating provider requested bilateral sacroiliac injections times #2. There is no clinical indication for a second bilateral sacroiliac injection without evidence of objective functional improvement of the first bilateral SI joint injection. The request for authorization for bilateral SI joint injections needs to be written accurately. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation of positive provocative testing, and a request for bilateral sacroiliac injections times #2 without compelling clinical facts support a second injection and objective functional improvement of the first injection, bilateral SI joint injections times #2 under fluoroscopy are not medically necessary.

Bilateral Piriformis Injection x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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 section, Piriformis injection.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral piriformis injection x2 is not medically necessary. Piriformis injections for piriformis syndrome are recommended every one-month physical therapy trial. Symptoms include pain and tenderness with or without electrodiagnostic or neurologic signs. No consensus exists on overall treatment of piriformis syndrome due to lack of objective clinical trials. Conservative treatment (stretching, manual techniques, injections and activity modifications) is successful in most cases. In this case, the

injured worker's working diagnoses are lumbar degenerative disc disease with fast pain; and bilateral sacroiliitis, piriformis syndrome. Date of injury is June 30, 2004. Request for authorization is August 4, 2015. According to a July 14, 2015 progress note, subjective complaints include low back pain and right hip pain. Pain score is 10/10. A previous request was submitted for bilateral I joint injection and piriformis injections that were denied. Injured worker had multiple radiofrequency ablations and bilateral medial branch blocks that provided 90% relief for six hours. The lumbar spine is non-tender, however there is tenderness overlying the SI joints and piriformis muscles. Injections are not recommended for imaging studies for non-inflammatory pathology. Sacroiliac joint blocks are not therapeutic and no treatment has been proven to be therapeutic or sacroiliac joint pain. There are no provocative diagnostic tests in the progress note documentation. The treating provider requested bilateral piriformis injections times' #2. There is no clinical indication for a second set of bilateral piriformis injection based on clinical documentation. There are no compelling clinical facts to support a second performance injection. There is no clinical rationale for a second bilateral piriformis injection. The request for piriformis injections needs to be written correctly. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with a clinical rationale or indication for a second bilateral piriformis injection and no compelling clinical facts to support a second injection, bilateral piriformis injection x2 is not medically necessary.