

<b>Case Number:</b>	CM14-0124544		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. 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 58 year old male with an industrial injury dated 12-09-2010. A review of the medical records indicates that the injured worker is undergoing treatment for left sacroiliac (SI) joint pain, left piriformis syndrome, left greater trochanteric bursitis, complex regional pain syndrome (CRPS) and left lower extremity. Treatment consisted of diagnostic studies, prescribed medications, 5 lumbar sympathetic block, injections and periodic follow up visits. Medical records (2-24-2014 to 7-23-2014) indicate ongoing low back pain and bilateral leg pain. In a progress report dated 02-24-2014, the treating physician reported that the injured worker has had a total of 5 left L2 sympathetic blocks done with 100% relief of pain and swelling, however only lasting for about two weeks. Records (7-23-2014 report) indicate that the injured worker received a lumbar sympathetic block on 05-08-2014 with decrease in pain and swelling in the left lower extremity for 6 weeks. The treating physician reported that the injured worker also takes medications to help manage chronic pain with reported improvement in symptoms with medications. Documentation (7-23-2014) also noted that in the past her hip and buttock pain were improved with injections in the sacroiliac (SI), piriformis muscle and greater trochanteric bursa with the last injection in 2013. Objective findings( 6-24-2014 to 7-23-2014) revealed antalgic gait favoring let leg, positive pelvic tilt, tenderness to palpitation of left sacroiliac (SI) , piriformis muscle and left greater trochanter, swelling in left lower extremity , brace on left knee and positive sensitivity. The treating physician prescribed services for left sacroiliac joint piriformis trochanter injections now under review. The original utilization review (08-05-2014) denied the request for left sacroiliac joint piriformis trochanter injections.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left sacroiliac joint piriformis trochanter injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers Compensation.

**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, 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 deformans, 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 for this current exacerbation of pain has occurred. As the criteria is not met, the request is not medically necessary.