

Case Number:	CM13-0024389		
Date Assigned:	12/27/2013	Date of Injury:	09/16/2011
Decision Date:	04/28/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/13/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

Patient is a 47 year old female with industrial injury on Sept 16, 2011. A medical progress report on October 23, 2013 states: "The patient remains symptomatic with right buttock pain radiating into the right leg consistent with compression of the sciatic nerve by the piriformis muscle." The patient has diagnoses of lumbar pain with acute right L5 radiculopathy, right sacroiliac joint pain and lumbar degenerative disc disease. Another progress report dated November 19, 2013 states she has piriformis syndrome. Tenderness and spasm was noted over the right piriformis muscle. Treatment has included NSAIDs and muscle relaxants. There is documentation of physical therapy in November of 2012. A more recent trial was attempted after the request for services. A Utilization Review determination was rendered on 08/28/13 recommending non-certification of "Piriformis injection".

IMR ISSUES, DECISIONS AND RATIONALES

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

Piriformis injection: Overturned

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address piriformis injections. The Official Disability Guidelines (ODG) state that they are recommended after a one-month trial of physical therapy. The original non-certification of services was based upon lack of documentation of piriformis syndrome and recent physical therapy. However, the record does substantiate the diagnosis. Likewise, the claimant has failed previous physical therapy including a more recent trial after the request for services. Piriformis injections are recommended and the record documents the medical necessity.