

<b>Case Number:</b>	CM13-0024620		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/27/2006
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois, Indiana, and Texas. 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 physician 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 59-year-old female who reported an injury on 11/27/2006. She has been seen for follow-up appointments regarding complaints of low back pain with radiating pain down both legs, buttocks, and hip pain as well. According to the documentation dated 05/29/2013, the patient had a current reported VAS score of 8/10, has some favoring of her right leg, and marked tenderness over the sacroiliac joints, bilaterally and also over the greater trochanter. She has a noted 3/4 inch of a pelvic tilt and her reflexes are 1+ at the knee and 0 at the ankle bilaterally. The patient has been diagnosed with a post lumbar fusion with persistent pain, sacroiliitis, and piriformis syndrome. On the 05/29/2013 documentation it also states that the patient had been authorized for a piriformis injection at that time and was to be done in 1 week from that date. However, there is no further documentation provided for review beyond the 05/29/2013 date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left piriformis injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 Chapter, Piriformis injections.

**Decision rationale:** Under the Official Disability Guidelines, it states that piriformis injections are recommended after a 1 month physical therapy trial. Piriformis syndrome is a common cause of low back pain and accounts for 6% to 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 which is behind the hip joint. Due to the documentation lacking information regarding the patient having undergone a 1 month physical therapy trial, the requested service for a piriformis injection does not meet guideline criteria at this time. As such, the requested service is non-certified.