

<b>Case Number:</b>	CM13-0026175		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/13/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 Neurology, has a subspecialty in Pain 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:

11/18/13 note indicates report of right piriformis syndrome and consideration for decompression. Examination notes right periformis tenderness with positive FAIR/Freiberg. Continued treatment with Celebrex, Neurontin, zanaflex, and Prilosec was recommended. 9/30/13 PR-2 notes has low back pain. PT was requested to be extended. Examination noted right piriformis tenderness with positive FAIR/Frielberg. Piriformis ultrasound revealed mild to moderate diffuse edema in the gluteal and piriformis muscles with mild scar tissue noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INJECTION RIGHT PIRIFORMIS MUSCLE UNDER ULTRASOUND GUIDANCE:**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, piriformis injections

**Decision rationale:** The medical records report pain in the piriformis muscle with failure of at least 1 month of PT and ongoing medication use. ODG guidelines support piriformis injection with persistent pain despite at least 1 month of PT.