

Case Number:	CM13-0029219		
Date Assigned:	11/27/2013	Date of Injury:	08/06/2012
Decision Date:	01/22/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/26/2013

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 Family Practice, and is licensed to practice in California. 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 40-year-old female injured on 08/06/2012. She was standing between a row of pallets when a forklift pushed the pallets backwards into her upper back area. She was initially diagnosed with lumbar complaints. Recent clinical records for review include indication of continued low back pain, as well as right hip pain. A right hip MRI of 04/2013 showed tearing to the superior portion of the right acetabular labrum with a chronic labral tear. A 07/17/2013 assessment with [REDACTED], with a Qualified Medical Examination specific to the hip, showed physical examination with tenderness noted over the greater trochanter bilaterally, +2 on the right, +1 on the left, with tenderness over the right groin, no lower extremity edema, no other specific findings noted. An orthopedic follow-up of 08/15/2013 for the right hip showed diffuse pain with a cautious gait pattern, and reproducible pain with internal and external rotation. Further physical exam findings were not documented. Plan at that time was for a piriformis injection to the hip. At present, there is a request for a "left or right" piriformis injection to be performed between 09/06/2013 and 10/21/2013. No other clinical records between those dates are supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

left or right piriformis injection between 9/6/2013 and 10/21/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Chapter on Low Back - Lumbar & Thoracic, Section on Piriformis Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Hip Chapter, Section on Piriformis Injections.

Decision rationale: The California MTUS Guidelines are silent on this issue. When looking at the ODG criteria, piriformis injections are recommended following a 1 month course of physical therapy for treatment of piriformis syndrome. While piriformis injections are recommended per ODG, clinical records in this case would not support the injection at present. First and foremost, laterality for the injection was not provided by clinical records for review. The vague request of "right or left" piriformis injection would not be specific to the claimant's current complaints. Furthermore, recent physical exam findings for review are indicative of intra-articular hip pathology with internal and external rotation deficits with clear documentation of labral pathology on prior MRI. The claimant's physical examination is inconsistent with a history of piriformis syndrome. When taking into account the claimant's physical exam findings, and lack of documentation of prior physical therapy for a 1 month period of time specific for a diagnosis of piriformis syndrome, the requested injection would not be supported