

Case Number:	CM13-0057231		
Date Assigned:	12/30/2013	Date of Injury:	09/21/2012
Decision Date:	04/18/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in 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 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:

The patient is a 29-year-old female who reported an injury on 09/21/2012 due to a slip and fall, which reportedly caused injury to her low back and knees. The patient's treatment history included epidural steroid injections, physical therapy, and a TENS unit. The patient underwent an electrodiagnostic study that revealed the patient had chronic S1 radiculopathy. The patient underwent a SI joint injection that provided little relief. The patient underwent facet blocks at the L5-S1 that provided a significant reduction in pain. The patient's most recent clinical evaluation documented that tenderness to palpation had completed a course of physical therapy for core strengthening. Physical findings included tenderness to palpation and palpable spasms across the lumbar region to include the paralumbar musculature, right side of the sciatic notch, and tenderness over the piriformis muscle. The patient's diagnoses included thoracic strain, lumbar strain, low back pain, facet syndrome, muscle spasms, lumbar disc protrusion, lumbar radiculitis, sacroiliitis, and piriformis syndrome. The patient's treatment plan included a Toradol injection, continuation of home exercise program, continuation of medications, and a diagnostic right piriformis injection for her ongoing pain and symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

A DIAGNOSTIC RIGHT PIRIFORMIS INJECTION WITH FLUOROSCOPY AND SEDATION: Upheld

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) Hip and Pelvis Chapter, Piriformis Injections and Pain Chapter, Epidural Steroid Injections

Decision rationale: The Official Disability Guidelines recommend piriformis injections for patients who have sciatic notch tenderness and piriformis muscle tenderness that have failed to respond to conservative treatments. The clinical documentation submitted for review does provide evidence that the patient has recently participated in a course of physical therapy aimed at core strengthening. As the patient continues to have pain, a diagnostic right piriformis injection would be appropriate for this patient. However, the request includes sedation. The California Medical Treatment Utilization Schedule recommends sedation during diagnostic injection studies for patients who have severe anxiety directed towards the intended treatment. The clinical documentation submitted for review does not provide any evidence that the patient has had any anxiety previously related to several diagnostic injections. Additionally, there is no indication that the patient has any anxiety regarding the requested injection. Therefore, the need for sedation is not clearly indicated. As such, the requested diagnostic right piriformis injection with fluoroscopy and sedation is not medically necessary or appropriate.