

Case Number:	CM13-0067363		
Date Assigned:	01/03/2014	Date of Injury:	06/06/2006
Decision Date:	05/19/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/17/2013

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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 58-year-old female who reported an injury on 06/06/2006. The mechanism of injury was not provided in the medical records. She is diagnosed with lumbar disc disorder, lumbar facet syndrome, and knee pain. A 01/16/2014 clinical note indicated that the injured worker continued to report bilateral piriformis pain, but continued to defer injections as she was getting a series of injections to her knee. It was noted that she may want to proceed with piriformis injections after she has completed her knee injections. Her physical examination findings included tenderness to palpation over her right piriformis. A discharge summary dated 12/09/2013 indicated that the injured worker had completed a course of physical therapy for her right buttock pain, which had decreased from a 4-9/10 to a 5-6/10. A request for a right piriformis injection was made. However, the request for authorization form with the request date was not provided and the rationale for the request was not specifically stated within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT PIRIFORMIS INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis 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), Low back, Piriformis Injections.

Decision rationale: According to the Official Disability Guidelines, piriformis injections may be recommended for piriformis syndrome after a 1-month physical therapy trial. The clinical information submitted for review indicated that the injured worker had physical therapy in the treatment of her piriformis pain. However, notes were provided for 4 physical therapy visits from 11/25/2013 to 12/09/2013. Therefore, it is unclear whether the injured worker completed a month of physical therapy for this condition. In addition, the most recent clinical note indicates that the injured worker wished to defer the piriformis injections. Therefore, in the absence of an updated note with physical examination findings and a rationale for the requested piriformis injection, and as the injured worker was not shown to have completed 1 month physical therapy, the request is not supported. As such, the request for right piriformis injection is not medically necessary.