MAXIMUS Federal Services

Case Number:	CM14-0006193		
Date Assigned:	02/07/2014	Date of Injury:	08/16/2007
Decision Date:	07/11/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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 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 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:

This is a 52-year-old female with an 8/16/07 date of injury to her lower back. The patient was seen on 12/4/13 with left back and hip pain improved with her radiofrequency ablation (RFA). The patient would like to do aquatic therapy again. The patient has difficulty standing with an antalgic gait. An exam finding reveal improved lumbar motion in extension and rotation, a tender piriformis muscle and discomfort on flexion and internal rotation of the hip (FADIR sign). The diagnosis is left lumbar facet pain and left piriformis syndrome. She was seen on 1/6/14 where her pain was a 7/10, BP was 120/76 and pulse was 78. She was noted to have started Gabapentin by another physician but it did not improve her symptoms. Exam, findings were unchanged. The treatment to date includes RFA at L4/5 and L5/S1, aquatic therapy medications, and activity modification. A UR decision dated 12/19/13 denied the request for a piriformis injection given the there was no documentation of physical therapy for conservative treatment to the piriformis muscle. The request for water therapy was denied given there was no documentation of an intolerance for land based exercise, findings from prior aquatic therapy were available for review, and there were no exceptional factors to continue aquatic therapy to why the patient was not yet independent in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT PIRIFORMIS INJECTION, LOW BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip.

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); Article: Piriformis Syndrome: Treatment & Medication.

Decision rationale: California MTUS does not address this issue. ODG states that piriformis injections are recommended for piriformis syndrome after a one-month physical therapy trial. Piriformis injections may be considered with subjective/objective findings consistent with Piriformis Syndrome, lumbar spine imaging findings to exclude associated diskogenic and/or osteoarthritic contributing pathology, and failure of conservative treatment. The patient has some physical findings of piriformis syndrome such as a positive Fabir test and there are no physical therapy notes available for review and there is no documentation that the patient ever had one month of physical therapy for the piriformis muscle, nor were any plain films or imaging on the pelvis made available for review. Therefore, the request for a left piriformis injection, low back was not medically necessary.

1 YEAR OF WATER THERAPY, LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 448,Chronic Pain Treatment Guidelines Aquatic Therapy.

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, Gym Membership).

Decision rationale: California MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Given there is no evidence of prior treatments and no indication this will be supervised, as well as no reason why the patient cannot tolerate land based exercise, medical necessity was not met.