MAXIMUS Federal Services

Case Number:	CM14-0006498		
Date Assigned:	03/03/2014	Date of Injury:	12/20/1990
Decision Date:	07/07/2014	UR Denial Date:	01/03/2014
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 and Rehabilitation, has a subspecialty in Pain and Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old male who reported an injury on 12/20/1990. The mechanism of injury was not provided. The documentation of 12/30/2013 revealed the injured worker had a piriformis resection. The injured worker had recurrent buttock since that time. Additionally, it indicated the injured worker had left sciatic nerve blocks at the site of the piriformis procedure with local anesthetic and steroid on occasion. The documentation indicated the blocks were performed on 03/07/2011, 10/05/2011, and with the most recent 1 being 06/11/2012. The diagnoses included lumbar spine sprain/strain with L5-S1 herniated disc, lumbar spine status post multiple surgical procedures including L3-S1 fusion, lumbar spine L1-3 transitional syndrome with significant spinal stenosis, L2-3 lumbar spine piriformis syndrome, chronic and recurrent in severity relieved with injection therapy. The physician documented that the injured worker received injection therapy and it quieted the pain for 7 months at a time. Additionally, it indicated that the earliest injection was on 04/16/2003 and the pain was quieted for 8 years. The physician documented in the appeal letter that per the reviewing physician for the denial, no piriformis tests were performed on the physical examination. Additionally, it indicated that the denial was based on a lack of trial of physical therapy prior to injection therapy. The injured worker's physician indicated that physical therapy was inappropriate for the particular problem. The treatment plan request was for sciatic nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SCIATIC NERVE BLOCK AT PIRIFORMIS MUSCLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK DISORDERS.

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

Decision rationale: The Official Disability Guidelines recommend piriformis syndrome injections after 1 month of a physical therapy trial. The clinical documentation submitted for review indicated the injured worker had previously undergone piriformis injections and had a minimum of 7 months of relief and that physical therapy was not appropriate for the issue. However, there was a lack of documentation of objective functional benefit that was received from the injection. Given the above, the request for a sciatic nerve block at piriformis muscle is not medically necessary.