

Case Number:	CM14-0006754		
Date Assigned:	02/07/2014	Date of Injury:	01/04/2000
Decision Date:	06/26/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/17/2014

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 55 year-old patient sustained an injury on 1/4/2000. The patient underwent previous injection on 7/19/12 with noted 50% reduction in pain. Report indicates the pain from her piriformis syndrome has returned with request for bilateral radiofrequency ablation at L4 and L5 along with bilateral piriformis injections. The patient has also received previous left lumbar L4 and L5 radiofrequency thermal coagulation in February with reported 50% pain relief and bursa injection with 40% pain relief. Report of 12/18/13 from the provider noted the patient with ongoing chronic complaints of low back pain; getting worse radiating to right buttock, hip and down right leg as well as left buttock and leg. Previous Piriformis injection on 7/19/12 resulted in 50% relief but has worn off. MRI of the lumbar spine dated 9/23/13 noted mild central canal narrowing at L3-4 with moderate facet arthropathy and mild foraminal narrowing; minimal foraminal encroachment at L5-S1 without stenosis. Exam showed "non-focal" neurologic findings and moves all extremities. Diagnoses include lumbosacral radiculopathy or radiculitis; myofascial pain; sacroiliitis; lumbosacral spondylosis without myelopathy; and insomnia. Treatment request included repeating piriformis injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT PIRIFORMIS MUSCLE INJECTION OF THE LOW BACK: 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 Chapter, Piriformis Injections, pages 259-260

Decision rationale: Piriformis syndrome is primarily caused by fall injury, but may include pyomyositis, dystonia musculorum deformans, and fibrosis after deep injections. Presenting symptoms involve buttock pain may be exacerbated with prolonged sitting with exam findings of tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation (FADIR) of the hip. Imaging may be unremarkable, but diagnosis may be confirmed by electrodiagnostic or neurologic signs. Physical therapy aimed at stretching the muscle and reducing the vicious cycle of pain and spasm, is the mainstay of conservative treatment with local injections from failed conservative trial to also include manual techniques, activity modifications, and modalities like heat or ultrasound, natural healing are successful in most cases. For conservative measures to be effective, the patient must be educated with an aggressive home-based stretching program to maintain piriformis muscle flexibility and must comply with the program even beyond the point of discontinuation of formal medical treatment. The patient has underwent previous piriformis injection with reported pain relief; however, submitted reports have not adequately demonstrated objective findings of clinical change, functional improvement, increased ADLs, decreased medication profile or medical utilization for this chronic injury of 2000 to support repeating of the procedure. The a right piriformis muscle injection is not medically necessary and appropriate.