

<b>Case Number:</b>	CM14-0113590		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 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:

The injured worker is a 44-year-old female who reported an injury on 02/15/2012, after being hit by a forklift. The injured worker sustained multiple injuries to the left side of her body parts. The injured worker's treatment history included psychological support, pain management, physical therapy, acupuncture, and multiple medications. The injured worker was evaluated on 06/17/2014. It was noted that the injured worker had continued left-sided buttock pain and numbness of the left leg with limited mobility. It was noted that the injured worker had 5/10 to 6/10 pain with approximately 50% pain relief secondary to medications. The injured worker's medications were noted to be Ultracet and tizanidine. Physical findings included tenderness to palpation in the posterior cervical spine and paravertebral musculature with muscle tightness. The injured worker also had decreased range of motion of the lumbar spine in all planes secondary to pain, and tenderness to palpation in the left gluteal area with noted muscle spasming, and of the left piriformis reproducing her pain. It was noted that the injured worker previously underwent an EMG/NCV that was normal, and an MRI of the pelvis with no significant findings. The injured worker's diagnoses included chronic pain syndrome, joint pain in the pelvis, sprain of the shoulder, sprain of the back, abnormal gait, alteration of senses, bursitis, spasming of muscle in the left piriformis, myalgia and myositis of the neck/cervical spine. It was noted that the injured worker had active trigger points causing significant pain on the left side of the neck. Trigger point injections were requested. A diagnostic piriformis injection was also requested to determine if the injured worker had piriformis syndrome causing sciatica-like symptoms. A Request for Authorization form was submitted on 06/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 22.

**Decision rationale:** The requested trigger point injections x2 are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends trigger point injections as an adjunctive treatment when there are palpable trigger points with a twitch response identified upon examination. The clinical documentation does indicate that the injured worker has trigger points in the left-sided upper neck and cervical musculature. However, the clinical documentation fails to identify how those were identified. There is no evidence of a twitch response within the documentation. Furthermore, the request as it is submitted does not clearly identify a body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested trigger point injections x2 are not medically necessary or appropriate.

**Left Piriformis Muscle Injection Under Ultrasound Guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter.

**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.

**Decision rationale:** The requested left piriformis muscle injection under ultrasound guidance is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines recommend piriformis injections after a 1 month physical therapy trial. The clinical documentation does indicate that the injured worker has previously participated in physical therapy. However, there is no documentation that the injured worker has participated in physical therapy directly related to alleviation of piriformis syndrome symptoms. Therefore, a diagnostic left piriformis muscle injection would not be indicated in this clinical situation. As such, the requested left piriformis muscle injection under ultrasound guidance is not medically necessary or appropriate.