

Case Number:	CM14-0118874		
Date Assigned:	08/06/2014	Date of Injury:	05/21/2009
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/29/2014

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 Occupational Medicine 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 60-year-old female with a 5/21/09 date of injury. The mechanism of injury was when he was shoveling dirt and mud and experienced pain in his low back. According to a 5/22/14 progress report, the patient complained of moderately severe low back pain, radiation to hips, right leg pain with burning sensation through leg, left hip and buttock pain. He has a confirmed diagnosis of lumbar facet pain that responded well to radiofrequency with long-term relief of low back pain, improved mobility and ability to reduce numbers of medications prescribed following procedures. Objective findings: tenderness to palpation of bilateral lumbar facet joints, exquisite lumbar pain with extension/rotation bilaterally, no sacroiliac joint tenderness, FABER negative, sensory exam normal. Diagnostic impression: bilateral lumbar facet pain. Treatment to date: medication management, activity modification. A UR decision dated 7/10/14 denied the request for bilateral piriformis muscle injections. The piriformis syndrome appears to be a new diagnosis and stated as mild with no clear documentation of any conservative treatment or physical therapy directed at this pain source.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral piriformis muscle injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (low back) <http://www.nervemed.com>.

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 Other Medical Treatment Guideline or Medical Evidence: Article: Piriformis Syndrome: Treatment and Medication.

Decision rationale: CA 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. There is no documentation that the patient has been diagnosed with piriformis syndrome in the reports provided for review. In addition, there is no documentation that the patient has had a trial of physical therapy or any other forms of conservative therapy such as stretching, injections, or modalities like heat or ultrasound. Therefore, the request for bilateral piriformis muscle injections is not medically necessary and appropriate.