

Case Number:	CM14-0139501		
Date Assigned:	09/05/2014	Date of Injury:	11/10/2012
Decision Date:	10/09/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/28/2014

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 Illinois. 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 46-year-old male with a reported date of injury on 11/10/2012. The mechanism of injury was noted to be from a fall. His diagnoses were noted to include left foot contusion, CRPS of the left foot and ankle with probable sympathetically maintained pain, low back pain with lumbar radiculitis, L5-S1 degenerative disc disease with disc protrusion central and left paracentral area measuring 5 mm in anteroposterior, 7 mm in transverse diameter resulting in moderate left foraminal stenosis with mild compression of the exited left L5 root, and right piriformis pain syndrome. His previous treatments were noted to include physical therapy, lumbar epidural sympathetic block, and medications. The progress note dated 06/04/2014 revealed complaints to the left foot, low back, buttock, and left leg. The injured worker indicated he was having left foot pain from complex regional pain syndrome and low back pain. The injured worker revealed he had relief from the first lumbar epidural sympathetic block with clonidine and less sensitivity and pain on the left lower extremity was better after the epidural sympathetic block. In addition to the low back and left lower extremity pain, the injured worker complained of pain over the right buttock and reported it as a spasm over the right buttock secondary to altered gait due to reflex sympathetic dystrophy of the left lower extremity. The injured worker reported the pain was severe and rated 8/10 and the medications reduced it to a tolerable level. An electromyography was performed 09/24/2013 and the impression was a normal study. The physical examination revealed tenderness to palpation to L4-S1 and the lumbosacral paraspinal region was L4-S1. There was buttock tenderness noted bilaterally. The provider asked the injured worker where his buttock pain was and he pointed over the right buttock/piriformis region. Deep palpation of the piriformis muscle reproduced pain and passive stretching of the right piriformis reduced right buttock pain over the piriformis region. The allodynia, hyperalgesia, and hypersensitivity over the left foot/calf had improved after the

epidural sympathetic block. The injured worker also reported less shooting pain from the foot up to the calf since the block. The request for authorization form was not submitted within the medical records. The request was for an EMG guided right piriformis block for the lumbar region for right piriformis pain secondary to CRPS due to an altered gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Guided Right Piriformis Block, Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis 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, Piriformis injections.

Decision rationale: The request for an EMG guided right piriformis block to the lumbar region is not medically necessary. The injured worker complains of piriformis pain and was shown to have piriformis pain upon deep palpation and stretching. The Official Disability Guidelines recommend piriformis injections for piriformis syndrome after a 1 month physical therapy trial. Piriformis syndrome is a common cause of low back pain and accounts for 6% to 8% of patients presenting with buttock pain, which may variably be associated with sciatica, due to a compression of the sciatic nerve by the piriformis muscle. Piriformis syndrome is primarily caused by a fall injury, but other causes are possible, including pyomyositis, dystonia musculorum deformans and fibrosis after deep injections. Symptoms include buttock pain and tenderness with or without electrodiagnostic or neurological signs. Pain is exacerbated by prolonged sitting. Specific physical findings are tenderness in the sciatic notch and buttock pain with flexion, adduction, and internal rotation of the hip. Physical therapy aims at stretching the muscle and reducing the vicious cycle of pain and spasm. It is a mainstay of conservative treatment, usually enhanced by local injections. Surgery should be reserved as a last resort in case of failure of all conservative modalities. There is a lack of documentation of attempted 1 month trial of physical therapy prior to the piriformis area. Therefore, the request is not medically necessary.