MAXIMUS Federal Services

Case Number:	CM14-0156233		
Date Assigned:	09/25/2014	Date of Injury:	06/26/2003
Decision Date:	10/27/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/24/2014

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 patient is a 64 y/o male who has developed persistent low back pain and left knee pain subsequent to an injury dated 6/23/03. He has been treated with low back surgery and left total knee replacement. He continues to have low back pain rated as a 3/10 VAS scale. He continues to work and utilized Tramadol on an as needed basis. He recently completed 12 sessions of aquatic therapy and according to the physical therapist continues to have left buttock pain. The therapist documents an intolerance of prolonged standing or sitting. The treating physician documents Piriformis muscle tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Ultrasound Guided Plrifomis Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic

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 Injection

Decision rationale: MTUS Guidelines do not address this procedure. ODG Guidelines support Piriformis injections if there is persistent tenderness, which does not respond to physical therapy.

The use of ultrasound guidance is also Guideline supported. This patient meets the Guideline criteria for a Piriformis Injection, the injection is medically necessary.