MAXIMUS Federal Services

Case Number:	CM14-0021371		
Date Assigned:	05/07/2014	Date of Injury:	01/24/2010
Decision Date:	08/06/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/20/2014

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:

The patient is 43-year-old female who has submitted a claim for sacroiliitis, hip bursitis and sciatic nerve lesion associated from an industrial injury date of January 24, 2010. Medical records from 2013-2014 were reviewed; the latest of which dated February 17, 2014 revealed that the patient's pain had mildly improved with sacroiliac joint injection on the right side. She reports the pain in the low back has decreased but she continues to have pain in the right hip, right buttock and down the right leg with associated numbness and tingling. She also complains of pain in the right hip that radiates into the groin. Pain medication allows her to perform activities of daily living. Pain is rated 7/10. On physical examination, internal rotation with flexion of the hip resulted in deep buttock pain, which reproduced the usual pain. MRI of the lumbar spine dated August 16, 2012 revealed very mild posterior disc bulge at essentially all lumbar disc levels, very likely congenital appearance; there is bilateral facet and ligament hypertrophy at L4-5 and L5-S1. Treatment to date has included facet joint injections, epidural steroid injections, physical therapy, chiropractic treatment, acupuncture, TENS, and medications that include Neurontin, Lyrica, Vicodin, ibuprofen, Soma, Norco and omeprazole.Utilization review from January 23, 2014 denied the request for PIRIFORMIS INJECTION because there was no mention of any trials of physical therapy specifically directed at piriformis syndrome; there is sacroiliac tenderness but no mention of pain with flexion, adduction and internal rotation (FADIR) of the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

PIRIFORMIS INJECTION: 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 and Pelvis Chapter, Piriformis Injections.

Decision rationale: CA MTUS does not address the topic on piriformis injections. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines was used instead. 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 discogenic and/or osteoarthritic contributing pathology, and failure of conservative treatment. In this case, piriformis injection was requested to address the right hip and right lower extremity symptoms. The most recent clinical evaluation has insufficient subjective and objective findings to support the diagnosis of piriformis syndrome. MRI of the lumbar spine dated August 16, 2012 revealed posterior disc bulge, and bilateral facet and ligament hypertrophy. Also, there was no documentation of failure of conservative treatment received such as physical therapy, chiropractic treatment, acupuncture, TENS, and medications. Moreover, there was no documented one-month physical therapy trial directed to the symptoms of piriformis syndrome. Therefore, the request for PIRIFORMIS INJECTION is not medically necessary.