MAXIMUS Federal Services

Case Number:	CM14-0028949		
Date Assigned:	06/20/2014	Date of Injury:	09/24/2007
Decision Date:	08/14/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/06/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas & Oklahoma. 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 55-year-old female who reported an injury on 09/24/2007 due to a motor vehicle accident. On 05/21/2014, the injured worker presented with neck, low back, and left leg pain. Prior treatment included a piriformis injection performed a few months prior, heat, ice, rest, stretching, and medications. Upon examination, there was some difficulty sitting comfortably and gait favors right lower extremity. Examination of the lumbar spine noted minor discomfort to palpation over the lumbar paraspinous, discomfort with extension and rotation bilaterally, a positive pelvic tilt, and the right hip appears lower than the left. There was no tenderness over the piriformis muscles. The provider recommended a right piriformis injection; the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT PIRIFORMIS INJECTION X1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Regarding Acute and Chronic Hip and Pelvis Complaints: Piriformis injections.

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 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 injured workers presenting with buttock pain. The included medical documentation does not indicate that the injured worker has had a 1 month physical therapy trial. In addition, the provider's request for right-sided injection needs more clarification because all of the physical exam finding deficits are located to the left side. As such, the request for a right piriformis injection x1 is not medically necessary.

FLUOROSCOPIC GUIDANCE X1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Regarding Acute and Chronic Hip and Pelvis Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

SEDATION SERVICES X1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Regarding Acute and Chronic Hip and Pelvis Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

TRANSPORTATION X1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.