

<b>Case Number:</b>	CM14-0030354		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/22/1997
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 and Rehabilitation, and is licensed to practice in Minnesota. 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 58-year-old female who reported an injury on 12/22/97. The mechanism of injury was not provided. The clinical note dated 1/22/14 noted that the injured worker presents with left buttock pain following lumbar spine fusion and sacroiliac fusion. Upon examination, the injured worker continued to demonstrate significant left buttock tenderness, piriformis hypertonicity, and positive left Faber's testing. A soft tissue ultrasound examination conducted at the piriformis and SI joint regions noted prominent inflammatory change in the left piriformis, as well as in the left SI joint. The injured worker received a left diagnostic piriformis trigger point injection under ultrasound. The diagnoses included postlaminectomy pain syndrome with chronic lumbar radiculitis, postlaminectomy left sacroiliitis, bilateral trochanteric bursitis, and left piriformis syndrome. Prior treatment included injections and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation and treatment with peripheral nerve specialist (Aaron Filler):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS/ACOEM guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The provider noted a dramatic improvement of pain for about a week with local anesthetic injection in December 2013. There is a lack of significant objective findings of functional deficit. There is a lack of examination findings suggestive of peripheral nerve involvement. The provider's rationale for an evaluation and treatment with a peripheral nerve specialist was not provided. As such, the request is not medically necessary.