

Case Number:	CM14-0034749		
Date Assigned:	06/20/2014	Date of Injury:	11/18/2009
Decision Date:	08/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 36-year-old male who reported an injury on 11/18/2009 after a piece of 500 pound steel fell on his foot. The injured worker ultimately developed complex regional pain syndrome. The injured worker's treatment history included a radiofrequency ablation and spinal cord stimulator placement. The injured worker was evaluated on 01/29/2014. It was documented that the injured worker was still experiencing soreness following a radiofrequency ablation and that he was treating with ice and stretching. Physical findings included tenderness to the lumbar facets with range of motion causing minimal discomfort. The injured worker's diagnoses included lumbar facet pain and neuropathic pain of the left foot. The injured worker was again evaluated on 03/05/2014. It was documented that the injured worker had good relief from the lumbar radiofrequency ablation and medications were assisting in reduction of pain. Physical findings included tenderness over the quadratus lumborum, over the iliac crest, and evidence of a pelvic tilt with left side 1 inch higher than the right. The injured worker had tenderness to the left piriformis with significant stiffness in flexion and internal rotation of the left hip. A request was made for a left piriformis injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Piriformis injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Piriformis injections.

Decision rationale: The requested left piriformis injection is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address this type of injection. Official Disability Guidelines recommend a piriformis injection for patients who are not responsive to 1 month of physical therapy directed towards the hips to relieve compression of the sciatic nerve. The clinical documentation does indicate that the injured worker is participating in a home exercise program. However, skilled physical therapy directed towards the piriformis muscle region is recommended prior to injection therapy. As such, the requested left piriformis injection is not medically necessary or appropriate.