

Case Number:	CM14-0050109		
Date Assigned:	07/07/2014	Date of Injury:	10/14/2004
Decision Date:	08/26/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/17/2014

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 a 52-year-old female who has submitted a claim for lumbar discogenic syndrome, lumbosacral or thoracic neuritis or radiculitis, myofascial pain, chronic pain, and lumbar radiculopathy associated with an industrial injury date of 10/14/2004. Medical records from 11/20/2013 to 07/11/2013 were reviewed and showed that patient complained of right-sided low back pain 10/10 radiating to right buttock, hip, and thigh. Physical examination revealed muscle spasm of the right posterior back. An SLR test was negative on bilateral lower extremities. DTRs and MMT of lower extremities were intact. An MRI of the lumbar spine revealed L4-5 disc protrusion (01/18/2014). Treatment to date has included right Piriformis injection (02/21/2014), physical therapy, paraffin bath, and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injection Priformis: 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, Piriformis Injection.

Decision rationale: The California MTUS does not address the topic on Piriformis injections. The Official Disability Guidelines was used instead. The 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 such as tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation (FADIR) of the hip, lumbar spine imaging findings to exclude associated discogenic and/or osteoarthritic contributing pathology, and failure of conservative treatment. In this case, physical examination revealed muscle spasm of the right posterior back, otherwise normal. There were no specific findings consistent with Piriformis syndrome. The MRI of the lumbar spine revealed L4-5 disc protrusion (01/18/2014). Moreover, there was no documentation of failure with conservative treatment. Therefore, the request for Steroid Injection Piriformis is not medically necessary.