

Case Number:	CM14-0064307		
Date Assigned:	06/23/2014	Date of Injury:	08/07/2008
Decision Date:	07/30/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/07/2014

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 Interventional Spine, 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 45-year-old male with date of injury of 08/07/2008. The listed diagnoses per [REDACTED] are: fibrous adhesions causing entrapment to the superior cluneal nerve at the medial branch, obturator internus syndrome involving the peripheral branch of the posterior femoral cutaneous nerve and the inferior cluneal nerve, status post lumbar laminectomy at L4-L5 performed on 08/10/2010 with no change in symptomatology, and electromyography (EMG)/ NCV (nerve conduction velocity) revealing right L5-S1 with radicular pattern on 08/31/2011. Sciatic nerve entrapment could not be excluded by this study. According to the report dated 03/12/2014, the patient complains of left hip and left lower extremity pain. He reports that his pain has increased since his last visit. He denies any new accidents or injuries. The physical exam shows the patient is awake and alert. The patient frequently changes position due to pain. There is tenderness over the medial ischial tuberosity. No other findings were noted in this report. The utilization review denied the request on 04/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Neurography of the pelvis to confirm obturator internus muscle spasm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Gajraji, N. M. Botulinum toxin a injection of the obturator internus muscle for chronic perineal pain. Journal of Pain. 2005. May;6(5): 333-7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MR neurography.

Decision rationale: This patient presents with left hip and left lower extremity pain. The treating physician is requesting a magnetic resonance (MR) neurography of the pelvis to confirm obturator internus muscle spasms. The MTUS and ACOEM guidelines do not address his request; however, the Official Disability Guidelines (ODG) on MR neurography states, under study. MR neurography may be useful in isolating diagnoses that do not lend themselves to back surgery, such as a sciatica caused by piriformis syndrome in the hip. The review of records show that the patient had an MR Neurography of the pelvis on 02/12/2014 prior to authorization. In this case, the ODG guidelines appear to support MR neurography for piriformis syndrome which is quite similar to obturator internus syndrome. However, the patient does not present with any perineal or groin symptoms that are typical of obturator internus syndrome. As such, the recommendation is for denial.

If the obturator internus muscle spasm is confirmed, an open MRI-guided injection of the obturator internus muscle, piriformis and superior gluteal nerve: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical Effectiveness of Obturator Externus Muscle injection on Chronic Pelvic Pain patients. Department of Anesthesiology and Pain Medicine. Anesthesia and Pain Research Institute, Seoul, Korea, Republic of, 120-752. ClinicalTrials.gov identifier: NCT01802528.

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

Decision rationale: This patient presents with left hip and left lower extremity. The treating physician is requesting an open MRI (magnetic resonance imaging) guided injection of the obturator internus muscle piriformis and superior gluteal nerve if the obturator internus muscle spasm is confirmed via MR neurography. The MR neurography request has been denied based on lack of clinical symptoms suggestive of obturator internus syndrome. The request is also for piriformis muscle injection and the treater does not provide any examination findings that may be consistent with piriformis muscle injection. Given the lack of perineal or groin pain and absent piriformis syndrome findings, the requested injections are not medically indicated. As such, the recommendation is for denial.