

Case Number:	CM14-0064336		
Date Assigned:	07/11/2014	Date of Injury:	08/10/1999
Decision Date:	09/12/2014	UR Denial Date:	04/11/2014
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 63 year old with an injury date on 8/10/99. Patient complains of low lumbar pain radiating into lower extremities, left > right. Patient's left leg has given out on several occasions and patient has fallen per 3/13/14 report. Based on the 3/13/14 progress report provided, the diagnoses are: 1. lumbar myoligamentous injury with degenerative disc disease 2. Bilateral lower extremities radiculopathy 3. Moderately severe facet joint arthropathy most significant at L3-4 and L4-5 4. Status post (s/p) left total knee replacement July 2002 5. Morbid obesity 6. Reactionary depression/anxiety 7. Cervical myoligamentous injury with severe degenerative disc disease and associated bilateral upper extremity radiculopathy 8. s/p right total knee replacement, 2/9/12 Exam on 3/13/14 showed "moderately obese. Uses cane for ambulation. L-spine shows decreased range of motion, especially flexion at 45/60." Treater is requesting diagnostic right piriformis muscle injection under fluoroscopic guidance. The utilization review determination being challenged is dated 4/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic right piriformis muscle injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: This patient presents with lower back pain. The treater has asked for diagnostic right piriformis muscle injection under fluoroscopic guidance on 3/13/14. Regarding piriformis injections, ODG states they are recommended after a one-month physical therapy trial. Symptoms include buttock pain and tenderness with or without electrodiagnostic or neurologic signs. Pain is exacerbated in prolonged sitting. "Specific physical findings are tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation (FADIR) of the hip." In this case, there are no examination findings that suggest this diagnosis; no electrodiagnostic findings confirm this diagnosis and clinical presentation such as buttock pain and pain exacerbation with sitting are not documented. The request is not medically necessary.