

Case Number:	CM14-0072609		
Date Assigned:	07/25/2014	Date of Injury:	02/03/2012
Decision Date:	10/22/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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 & Rehabilitation, and is licensed to practice in Texas & Ohio. 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 51-year-old female who reported injury on 02/03/2012 caused by an unspecified mechanism. The injured worker's treatment history included MRI studies, SI joint injection, and medications. The injured worker had undergone an MRI study of the lumbar spine on 04/04/2013 that revealed degenerative disc disease and spondylosis. There was arthritis of L5-S1 facets, left greater than right. There was no disc herniation or evidence of instability. On 05/24/2014, the injured worker had undergone a SI joint injection that helped relieve her pain with 20% improvement. There was arthritis of L5-S1 facets, left greater than right. There was no disc herniation or evidence of instability. The injured worker was evaluated on 07/10/2014 and it was documented that on 06/17/2014, the injured worker complained of lumbar spine, which she rates on a pain scale at 5/10 to 6/10 with medication and 7/10 to 8/10 without medication. She described her pain as constant, radiating to the bilateral legs, right greater than left, and into the ankle with sensation of weakness and numbness. She noted that the pain had decreased since her last visit, and now she notices symptoms of pain traveling to her legs, right greater than left. Also, it was noted minimal pain relief with the left sacroiliac joint injection. She stated that her medications are helping with her pain. Physical examination went unchanged since her last visit and there is trace decreased sensation noted in the bilateral L5 and S1 dermatomes. Encouraged to continue to with home exercises, stretches, and core stabilization techniques. Diagnoses included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and lumbar sacroiliac joint arthropathy. The Request for Authorization was not submitted for this review.

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: Hip and Pelvis Chapter, Piriformis injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis. Piriformis Injections.

Decision rationale: The request for Left Piriformis injection is not medically necessary. Per Official Disability Guidelines (ODG), recommends sacroiliac joint blocks as an option if failed at least 4 to 6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (interior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin, and entire ipsilateral lower limb, although if pain is present above L5, is it not thought to be from the S1 joint. A S1 joint injection of 05/24/2014 was given to the injured worker and it was noted that it helped a little with 20% improvement noted by the injured worker. As such, the request for Left Piriformis injection is not medically necessary.