

Case Number:	CM14-0090426		
Date Assigned:	09/10/2014	Date of Injury:	11/25/2010
Decision Date:	10/23/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/16/2014

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 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:

This 40 year-old patient sustained an injury on 11/25/10 while employed by [REDACTED]. Request(s) under consideration include Piriformis Injection. Diagnoses include Pain in Joint Pelvic region and Thigh; hip contusion; lumbar sprain/strain; limb soft tissue pain; lumbosacral sprain/strain; knee/leg sprain/strain; thoracic/ lumbosacral neuritis/ radiculitis. Report of 5/7/14 from the pain management provider noted the patient with left buttock, piriformis, SI joint, left lateral hip, left groin, and left lateral thigh pain with hypersensitivity over left lateral hip region. Exam showed low back with tenderness over left piriformis muscle; positive Patrick's/ Faber test with tenderness over left SI joint; abnormal gait; difficulty standing on toes/heels of left foot; limps favoring left lower extremity; left hip range of flex/ext/ abd/ add/ IR/ER of 30/ 40/ 10/ 5/ 30 degree with pain; allodynia over left lateral hip with tenderness over left trochanteric area with palpable mass of piriformis muscle with positive sign. Diagnoses include history of torn labrum and impingement of left hip labrum; suspect left sacroiliitis; suspect piriformis syndrome; left hip neuropathic pain; and left knee derangement. Treatment included Gabapentin, left piriformis injection, UDS, and consideration of lumbar sympathetic block. The request(s) for Piriformis Injection was non-certified on 5/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

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) Online Version: Hip and Pelvis, Piriformis Injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hip Chapter, Piriformis Injections, Page(s): 259-260.

Decision rationale: This 40 year-old patient sustained an injury on 11/25/10 while employed by [REDACTED]. Request(s) under consideration include Piriformis Injection. Diagnoses include Pain in Joint Pelvic region and Thigh; hip contusion; lumbar sprain/strain; limb soft tissue pain; lumbosacral sprain/strain; knee/leg sprain/strain; thoracic/ lumbosacral neuritis/ radiculitis. Report of 5/7/14 from the pain management provider noted the patient with left buttock, piriformis, SI joint, left lateral hip, left groin, and left lateral thigh pain with hypersensitivity over left lateral hip region. Exam showed low back with tenderness over left piriformis muscle; positive Patrick's/ Faber test with tenderness over left SI joint; abnormal gait; difficulty standing on toes/heels of left foot; limps favoring left lower extremity; left hip range of flex/ext/ abd/ add/ IR/ER of 30/ 40/ 10/ 5/ 30 degree with pain; allodynia over left lateral hip with tenderness over left trochanteric area with palpable mass of piriformis muscle with positive sign. Diagnoses include history of torn labrum and impingement of left hip labrum; suspect left sacroiliitis; suspect piriformis syndrome; left hip neuropathic pain; and left knee derangement. Treatment included Gabapentin, left piriformis injection, UDS, and consideration of lumbar sympathetic block. The request(s) for Piriformis Injection was non-certified on 5/20/14. Piriformis syndrome is primarily caused by fall injury, but may include pyomyositis, dystonia musculorum deformans, and fibrosis after deep injections. Presenting symptoms involve buttock pain may be exacerbated with prolonged sitting with exam findings of tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation (FADIR) of the hip. Imaging may be unremarkable, but diagnosis may be confirmed by electrodiagnostic or neurologic signs. Physical therapy aimed at stretching the muscle and reducing the vicious cycle of pain and spasm, is the mainstay of conservative treatment with local injections from failed conservative trial to also include manual techniques, activity modifications, and modalities like heat or ultrasound, natural healing are successful in most cases. For conservative measures to be effective, the patient must be educated with an aggressive home-based stretching program to maintain piriformis muscle flexibility and must comply with the program even beyond the point of discontinuation of formal medical treatment. The patient had EMG/NCV on 4/2/14 which showed normal findings. Submitted reports have not adequately demonstrated objective specific clinical findings of piriformis syndrome for a patient s/p MR Arthrogram with diagnosis of torn labrum and impingement of left hip or evidence of failed conservative therapy treatment as mainstay for piriformis syndrome to support the procedure. The Piriformis Injection is not medically necessary and appropriate.