

Case Number:	CM14-0129849		
Date Assigned:	08/20/2014	Date of Injury:	11/04/2010
Decision Date:	02/04/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/14/2014

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 Orthopedic Surgery, 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:

55 year old male claimant with an industrial injury dated 11/04/10. Conservative treatments have included chiropractic treatments, physical therapy, acupuncture, an epidural injection, and physical therapy. Exam note 04/16/13 states the patient returns with back pain. Upon physical exam there was evidence of tenderness over the greater to trochanters bilaterally. It is noted that there is slight tenderness over the S1 joint with a decreased in flexion and internal rotation of the hip. Exam note 06/11/13 states the patient continues to have low back pain that is radiating to the hip and buttock bilaterally. Current medications include Tramadol and Amitriptyline for pain relief. Exam note 07/24/14 states the patient returns and rates the pain a 6/10. The patient reveals a inch of a pelvic tilt. There was evidence of tenderness over the greater to trochanters bilaterally, along with slight tenderness over the S1 joint in particular inferior to the S1 joint. The patient reveals a significant decrease in flexion and internal rotation of the hip bilaterally. Treatment includes bilateral piriformis injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral piriformis injections: 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), Hip/pelvis

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 injections.

Decision rationale: CA MTUS/ACOEM is silent on the issue of piriformis injections. According to the ODG, Hip and Pelvis section, Piriformis injections, "Recommended for piriformis syndrome after a one-month physical therapy trial. Piriformis syndrome is a common cause of low back pain and accounts for 6-8% of patients presenting with buttock pain, which may variably be associated with sciatica, due to a compression of the sciatic nerve by the piriformis muscle (behind the hip joint). Piriformis syndrome is primarily caused by fall injury, but other causes are possible, including pyomyositis, dystonia musculorum deformans, and fibrosis after deep injections. Symptoms include buttock pain and tenderness with or without electrodiagnostic or neurologic signs." In this case the exam note from 7/24/14 does not demonstrate a 1-month trial or objective evidence to support piriformis injection. Therefore the determination is for not medically necessary.