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| Case Number: | CM14-0188729 | | |
| Date Assigned: | 11/19/2014 | Date of Injury: | 09/16/1998 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Florida. 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 57 year old female who was injure on 9/16/1998. The past surgery history is significant for lumbar fusion and revision surgeries. The patient completed PT, Massage Therapy, TENS unit, Trigger Points and Transforaminal Epidural Steroid Injections. The patient reported no significant pain relief following the trigger points and pain injections. On June 2014, the patient elected to defer another Epidural Steroid Injection. The July, 2014 MRI of the lumbar spine did not show any interval change from the 2013 MRI despite the subjective complaint of worsening back pain. There was mild disc bulge without nerve root compression. [REDACTED] noted some tenderness over the SI joint but there was no documentation of positive provocative tests indicative of SI dysfunction and piriformis syndrome. The patient was certified for bilateral SI joint injections. A Utilization Review determination was rendered on 10/2014 recommending non-certification for piriformis trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Piriformis Trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 and 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Pelvic and Hip. Low Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized when conservative treatments with medications and PT have failed. The records did not show documentation of diagnostic criteria for piriformis syndrome. There is no documentation of positive provocative tests. The records did not show that the patient failed PT. The report reported lack of pain relief with previous interventional procedures in the low back. The records indicate that SI joint injection which had similar symptomatology with piriformis syndrome was certified. There is no documentation of the result of the SI joint injections. The criteria for piriformis trigger point injections were not met. Therefore, this request is not medically necessary.