

Case Number:	CM14-0205981		
Date Assigned:	12/18/2014	Date of Injury:	02/16/2005
Decision Date:	02/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, has a subspecialty in Pain Medicine 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 is a patient with a date of injury of February 16, 2005. A utilization review determination dated November 14, 2014 recommends noncertification of a diagnostic right piriformis injection. Noncertification was recommended due to lack of documentation of conservative care, and a recently certified diagnostic evaluation with ultrasound. Diagnostic ultrasound of the piriformis was recommended for certification. A progress report dated November 6, 2014 identifies subjective complaints of remarkable improvement following surgical decompression of the right brachial plexus. The patient's current complaints include pain in the right shoulder. Physical examination reveals 4/5 strength in the right dorsiflexors, plantar flexors, and hamstring muscles. There is sensory loss in the right foot. There is positive Tinel's sign in the right gluteal area in the distribution of the right sciatic nerve as well as positive Tinel's sign in the right knee in the distribution of the peroneal nerve. Diagnoses include injury to the right shoulder and right piriformis syndrome. The treatment plan recommends a diagnostic ultrasound of the gluteal area and diagnostic right piriformis muscle injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic injection of right piriformis muscle: 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 and 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 Chapter, Piriformis Injections.

Decision rationale: Regarding the request for piriformis injection, California MTUS guidelines do not contain criteria regarding the diagnosis and treatment of piriformis syndrome. ODG states that piriformis injections are recommended for piriformis syndrome after a one-month physical therapy trial. ODG goes on to state that the physical examination findings of piriformis syndrome include tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation of the hip. Within the documentation available for review, there are some objective examination findings which may indicate a piriformis issue. However, there are no subjective complaints of piriformis symptoms and no identification that the patient has failed conservative treatment prior to this request for an invasive procedure. Finally, a diagnostic ultrasound was recently certified. It seems reasonable to undergo the diagnostic ultrasound prior to embarking upon an interventional procedure. As such, the currently requested piriformis injection is not medically necessary.