

Case Number:	CM14-0059316		
Date Assigned:	07/09/2014	Date of Injury:	02/09/2009
Decision Date:	04/13/2015	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	04/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 2/9/2009. The current diagnosis is sacroiliitis. Currently, the injured worker complains of constant low back pain with radiation into the right leg and foot. The pain is described as aching, burning, and shooting. The pain is rated 7/10 on a subjective pain scale. The physical examination reveals tenderness over the right piriformis muscle. Fadir test is positive for piriformis pain on the right side. Treatment to date has included medications, physical therapy, home exercises, and injections. The treating physician is requesting right piriformis steroid injection, which is now under review. On 4/19/2014, Utilization Review had non-certified a request for right piriformis steroid injection. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection, steroid right piriformis injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, chronic back pain Page(s): 80. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip, injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Chapter, Piriformis Injections, pages 259-260.

Decision rationale: 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 exhibit current complaints of constant low back pain radiating to right lower extremity. The patient has underwent previous injection; however, submitted reports have not adequately demonstrated objective findings of clinical change, functional improvement, increased ADLs, decreased medication profile or medical utilization for this chronic injury to support repeating of the procedure. The Injection, steroid right piriformis injection is not medically necessary and appropriate.