

<b>Case Number:</b>	CM15-0019296		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	05/20/1993
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Orthopedic Surgery

### 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 61 year old male who sustained an industrial injury on May 20, 1993. There was no mechanism of injury documented. The injured worker was diagnosed with low back pain, left buttock pain and increased numbness and weakness to the left lower extremity. History of L5-S1 laminectomy (no known date) was noted. The injured worker also underwent lumbar surgery rhizotomies and sacroiliac (SI) joint fusion (no date documented). A Nerve Conduction Studies (NCS) performed on June 24, 2014 demonstrated absent left and right peroneal 'F' waves, left lateral femoral cutaneous sensory nerve absent and the right with low amplitude; the left and right peroneal distal motor latencies and the foreleg conduction velocities were normal with low amplitude and slowing of the left foreleg. A magnetic resonance imaging (MRI) of the lumbar spine on July 7, 2014 demonstrated L5 -S1 laminectomy site with severe facet disease and a fixed anterior displacement. Ultrasound of the bilateral piriformis region on July 9, 2014 demonstrated left piriformis musculature with prominent edema/fibrosis/scar tissue (sciatic nerve entrapment) and right side within normal limits. Current medications and treatment modalities were not discussed. Exam note 1/22/15 demonstrates report of severe gluteal pain radiating into the left leg with weakness. Request is made for surgical decompression of left sciatic nerve to include, posterior cutaneous and inferior gluteal nerves of the left peroneal nerve. The treating physician requested authorization for Neuroplasty, major peripheral nerve, arm or leg, Sciatic Nerve QTY 1; Neuroplasty, major peripheral nerve, arm or leg, Lumbar Plexus QTY 1; Internal Neuroplasty, major peripheral nerve, arm or leg; Lumbar Spine QTY 1; Neuroplasty, major peripheral nerve, arm & leg, other than specified QTY 1. On February 2,

2015 the Utilization Review denied certification for Neuroplasty, major peripheral nerve, arm or leg, Sciatic Nerve QTY 1; Neuroplasty, major peripheral nerve, arm or leg, Lumbar Plexus QTY 1; Internal Neuroplasty, major peripheral nerve, arm or leg; Lumbar Spine QTY 1; Neuroplasty, major peripheral nerve, arm & leg, other than specified QTY 1. According to Utilization Review, the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) do not address this request therefore alternative guidelines were used in the decision process.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Neuroplasty, major peripheral nerve, arm or leg, sciatic nerve QTY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cass SP. Piriformis syndrome: a cause of nondiscogenic sciatica. *Curr SportsMed Rep.* 2015 Jan;14(1):41-4.

**Decision rationale:** CA MTUS/ACOEM and Official Disability Guideline are silent on the issue of piriformis syndrome and neuroplasty. Alternative guidelines were therefore utilized. According to Cass et al in 2015, the majority of cases of true piriformis syndrome is treated with conservative care including medication and physiotherapy. For recalcitrant cases, steroid and botulinum toxin can be attempted. Surgical intervention is performed for those who do not respond. In this case there is lack of conservative care demonstrated by the exam note of 1/22/15. Therefore, the determination is for non-certification.

#### **Neuroplasty, major peripheral nerve, arm or leg, lumbar plexus QTY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cass SP. Piriformis syndrome: a cause of nondiscogenic sciatica. *Curr SportsMed Rep.* 2015 Jan;14(1):41-4.

**Decision rationale:** CA MTUS/ACOEM and Official Disability Guideline are silent on the issue of piriformis syndrome and neuroplasty. Alternative guidelines were therefore utilized. According to Cass et al in 2015, the majority of cases of true piriformis syndrome is treated with conservative care including medication and physiotherapy. For recalcitrant cases, steroid and botulinum toxin can be attempted. Surgical intervention is performed for those who do not respond. In this case there is lack of conservative care demonstrated by the exam note of 1/22/15. Therefore, the determination is for non-certification.

#### **Internal neuroplasty, major peripheral nerve, arm or leg; lumbar spine QTY1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cass SP. Piriformis syndrome: a cause of nondiscogenic sciatica. Curr SportsMed Rep. 2015 Jan;14(1):41-4.

**Decision rationale:** CA MTUS/ACOEM and Official Disability Guideline are silent on the issue of piriformis syndrome and neuroplasty. Alternative guidelines were therefore utilized. According to Cass et al in 2015, the majority of cases of true piriformis syndrome is treated with conservative care including medication and physiotherapy. For recalcitrant cases, steroid and botulinum toxin can be attempted. Surgical intervention is performed for those who do not respond. In this case there is lack of conservative care demonstrated by the exam note of 1/22/15. Therefore, the determination is for non-certification.

**Neuroplasty, major peripheral nerve, arm & leg, other than specified QTY 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cass SP. Piriformis syndrome: a cause of nondiscogenic sciatica. Curr SportsMed Rep. 2015 Jan;14(1):41-4.

**Decision rationale:** CA MTUS/ACOEM and Official Disability Guideline are silent on the issue of piriformis syndrome and neuroplasty. Alternative guidelines were therefore utilized. According to Cass et al in 2015, the majority of cases of true piriformis syndrome is treated with conservative care including medication and physiotherapy. For recalcitrant cases, steroid and botulinum toxin can be attempted. Surgical intervention is performed for those who do not respond. In this case there is lack of conservative care demonstrated by the exam note of 1/22/15. Therefore, the determination is for non-certification.