

Case Number:	CM15-0182695		
Date Assigned:	09/23/2015	Date of Injury:	03/06/2001
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 52-year-old who has filed a claim for chronic low back pain, myofascial pain syndrome, and headaches reportedly associated with an industrial injury of March 6, 2001. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve a request for piriformis trigger point injection and a sciatic nerve sheath steroid injection under fluoroscopic guidance. An August 31, 2015 progress note was referenced in the determination. The claims administrator contended that the applicant had received multiple such injections in late 2014 and early 2015, without profit. The applicant's attorney subsequently appealed. On a September 18, 2015 mental health office visit, the applicant was described as being overwhelmed with various issues with chronic pain, depression, opioid dependence, insomnia, mood disturbance, and erectile dysfunction. The applicant was temporarily totally disabled, the applicant's psychiatrist reported. Xanax, Ambien, and Cymbalta were seemingly endorsed. On September 16, 2015, the applicant's pain management physician noted that the applicant had undergone prior sciatic nerve injections and had undergone prior piriformis injections over the course of the claim. The applicant's medication list included Seroquel, BuSpar, Lyrica, Xanax, and Zantac, oxycodone, OxyContin, Cialis, baclofen and valproate. The applicant had undergone earlier failed shoulder and cervical spine surgeries. The attending provider stated that the applicant has had multiple trigger point injections and that the applicant's last injection was on March 15, 2015. The attending provider stated that the applicant had improved following prior sciatic and/or trigger point injections over the course of the claim. The attending provider reiterated his request for the previously denied piriformis trigger point injection and sciatic nerve sheath injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Piriformis trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The request for a right piriformis trigger point injection was not medically necessary, medically appropriate, or indicated here. As acknowledged by the attending provider on an office visit of September 16, 2015, the request in question did in fact represent a request for repeat trigger point injections. However, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that trigger point injection should not be repeated without the evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant remained dependent on a variety of analgesic and adjuvant medications to include OxyContin, oxycodone, baclofen, and Lyrica, it was reported on September 16, 2015. The applicant was off of work, on total temporary disability, the applicant's psychiatrist reported on September 18, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier trigger point injections over the course of the claim. Therefore, the request for a repeat right piriformis trigger point injection is not medically necessary.

1 Right Sciatic nerve sheath steroid injection under fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Similarly, the request for a sciatic nerve sheath steroid injection under fluoroscopic guidance was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, ligamentous injections, i.e., a procedure essentially analogous to the sciatic nerve sheath and steroid injection at issue here, are deemed not recommended. The MTUS Guideline in ACOEM Chapter 12, page 301 further notes that invasive techniques such as the corticosteroid injection in question are of questionable merit. Here, the attending provider failed to furnish a clear or compelling rationale for performance of this particular injection in the face of the unfavorable ACOEM position(s) on the same. It was further noted that the request in question did represent a

repeat sciatic nerve sheath injection, the treating provider suggested on September 16, 2015. However, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged on September 16, 2015. The applicant remained dependent on a variety of opioid agents to include OxyContin and oxycodone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior sciatic nerve sheath steroid injection(s). Therefore, the request for a repeat sciatic nerve sheath steroid injection is not medically necessary.