

Case Number:	CM15-0192203		
Date Assigned:	10/06/2015	Date of Injury:	09/13/2013
Decision Date:	11/12/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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 51-year-old male injured worker suffered an industrial injury on 9-13-2013. The diagnoses included lumbar disc disease with radiculopathy and piriformis strain. On 9-16-2015, the treating provider reported he was having increased pain at the left of his back but more so in the left buttock with radiation with radiating pain down the left leg. This down the leg is getting worse and he has burning numbness and sometimes swelling of the ankle. On exam, the lumbar spine reveals tenderness ant the paralumbar region on the left with also tenderness over the gluteal region. The provider noted a positive Lasegue sign and no palpable masses over the piriformis muscle. There was a positive left straight leg raise. He had diminished sensation in the lower extremity over the posterior calf. He reported the requested piriformis injections were intended to be diagnostic and therapeutic. Prior treatment included Norco and Flexeril. Request for Authorization date was 9-22-2015. The Utilization Review on 9-24-2015 determined non-certification for Piriformis Injection with a Physical Medicine Specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Piriformis Injection with a Physical Medicine Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Piriformis Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 electrodiagnostic or neurologic signs may confirm diagnosis. 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. There is no EMG/NCV study provided. Submitted reports have not adequately demonstrated objective specific clinical findings of piriformis syndrome for a patient with diagnosis of lumbar radiculopathy nor is there evidence of failed conservative therapy treatment as mainstay for piriformis syndrome to support the procedure. The Piriformis Injection with a Physical Medicine Specialist is not medically necessary and appropriate.