

Case Number:	CM15-0034223		
Date Assigned:	02/27/2015	Date of Injury:	09/03/2014
Decision Date:	04/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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, Arizona
 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 reported an injury on 09/03/2014. The mechanism of injury occurred due to a slip and fall. Her diagnoses include lumbar region sprain, left piriformis syndrome and left sacroiliac joint pain. Her past treatments included physical therapy and medications. A lumbar MRI performed on 11/18/2014 revealed degenerative changes in lumbar spine. Absence of spinal cord stenosis, lateral recess stenosis, neural foraminal narrowing or nerve root impingement in the lumbar spine. However, there was indicated to be retrolisthesis at the L4-5 secondary to severe osteoarthritis of the L4-5 facet joints. There was noted fissuring of the anterior portion of the annulus at the L2-3 and L3-4. On 02/05/2015, the injured worker complained of anxiousness pertaining to the injection as she has not progressed with physical therapy. The injured worker also requested refills of tizanidine and ibuprofen. The physical examination of the lumbar spine revealed tenderness in the left sacroiliac joint area with an absence of lumbar spinal tenderness. Range of motion was indicated with flexion at 30 degrees and extension at 10 degrees. The injured worker was also indicated to have decreased deep tendon reflexes bilaterally in the lower extremities. The treatment plan included a left sacroiliac piriformis injection. A rationale is not provided. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac/piriformis injection with Dr. White: 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: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, Piriformis injections.

Decision rationale: According to the California MTUS/ACOEM Guidelines, invasive techniques such as injections are of questionable merit. More specifically, the Official Disability Guidelines indicate that piriformis injections are allowed after a 1 month physical therapy trial. Furthermore, piriformis syndrome is associated with sciatica due to compression of the sciatic nerve behind the hip joint. The injured worker was indicated to have fissuring of the anterior portion of the annulus at the L2-3 and L3-4 levels. However, there was lack of documentation to indicate the injured worker had piriformis syndrome or specific nerve compression on the sciatic nerve of the piriformis muscle and the hip joint. The injured worker had tenderness in the left S1 sacroiliac joint area, however, further physical examination and diagnostic studies indicating piriformis syndrome would have to be completed prior to a request for a piriformis injection. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.