

<b>Case Number:</b>	CM15-0034354		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	04/29/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### **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 injured worker is a 50 year old female, who sustained an industrial injury on 4/29/2014. The diagnoses have included lumbago/low back pain, hip/pelvic pain, foot/leg/arm/digit pain, trochanteric bursitis and SI joint dysfunction. Treatment to date has included medications. Currently, the IW complains of pain in the lower back, right neck, right shoulder, right arm and leg. The pain is described as stabbing and constant. Pain is rated as 7/10 with medication. Objective findings included a slightly antalgic gait. She is obese. There is tenderness noted in trapezius and cervical paraspinal muscles. Straight leg raising does not elicit back pain. Her piriformis, right sacroiliac joint and right trochanteric bursa are tender. Examination of the right shoulder reveals 50-60 degrees abduction and pain with resisted abduction. There are no marked abnormalities and there is pain and tenderness at the acromial region. On 2/10/2015, Utilization Review non-certified a request for piriformis injection and magnetic resonance imaging (MRI) right shoulder noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ODG were cited. On 2/24/2015, the injured worker submitted an application for IMR for review of piriformis injection and magnetic resonance imaging (MRI) right shoulder.

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

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

**Piriformis injection:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Hip and Pelvis Chapter, Piriformis Injections.

**Decision rationale:** The patient presents with pain and weakness in her neck, shoulder, lower back and right upper/lower extremities. The request is for PIRIFORMIS INJECTION. Per 01/08/15 progress report, there is tenderness over piriformis, right sacroiliac joint and right trochanteric bursa. The patient has marked pain on hip flexion. "██████ recommended SI joint and trochanteric bursa injections." The patient will remain off from work until 03/31/15. Per 10/06/14 progress report, "the patient has constant, dull, cramping pain into the right gluteal region." There are tight hip flexion as well as hamstrings bilaterally. MRI of the lumbosacral spine from 07/18/14 demonstrates mild levoscoliotic curvature and facet degeneration throughout the lumbar spine. ODG, Hip and Pelvis Chapter, Piriformis Injections, states, "recommended for piriformis syndrome after a one-month physical therapy trial." "Symptoms include buttock pain and tenderness with or without electrodiagnostic or neurologic signs. Pain is exacerbated in prolonged sitting. Specific physical findings are tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation (FADIR) of the hip." "Physical therapy aims at stretching the muscle and reducing the vicious cycle of pain and spasm. It is a mainstay of conservative treatment, usually enhanced by local injections." In this case, the treater does not explain why piriformis injection is being requested. However, the patient does present with piriformis symptoms and appears to have failed conservative care including a recent 12 sessions of therapy. Given that the patient has not had a trial of piriformis injection, and a clear suspicion for piriformis syndrome demonstrated with exam findings, the requested injection IS medically necessary.

**MRI right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 179, 177, 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** The patient presents with pain and weakness in her neck, shoulder, lower back and right upper/lower extremities. The request is for MRI of the right shoulder. MTUS does not discuss MRI's. ACOEM guidelines page 207-208 do not recommend MRI except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain, cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint or there is failure to progress in a strengthening program intended to avoid surgery. ACOEM guidelines refer to acute/subacute condition. In this case, the treater requests

MRI of the right shoulder to rule out impingement. The review of reports does not show that the patient has had an MRI of the right shoulder in the past. Given the patient's persistent shoulder pain and the suspicion for impingement syndrome, including potential RCT, an MRI would appear reasonable and supported by the ODG guidelines that address chronic pain issues. The request IS medically necessary.