

Case Number:	CM15-0037719		
Date Assigned:	03/06/2015	Date of Injury:	02/23/2004
Decision Date:	04/09/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	02/27/2015

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: Family Practice

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 40 year old female who sustained an industrial injury on 02/23/2004. Diagnoses include cervical/trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis, bilateral shoulder periscapular myofascial stain with slight impingement, left side greater than right, bilateral elbow medial and lateral epicondylitis with dynamic cubital tunnel syndrome, thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis and left sacroiliac joint sprain, and patellofemoral arthralgia, and right and left ankle sprain. Treatment to date has included medications, physical therapy, chiropractic sessions, extracorporeal shockwave therapy x 3 with slight improvement, and home exercise program. A physician progress note dated 01/15/2015 documents the injured worker has cervical spine tenderness to palpation with muscle guarding over the paravertebral musculature and trapezius muscles. Spurling's maneuver elicits increased neck pain. Cervical range of motion is restricted. She has bilateral shoulder pain. The injured worker complains of bilateral elbow, forearm and wrist pain, and bilateral knee pain. Treatment requested is for right piriformis injection to lumbar spine, and Urine Drug Screen. On 02/27/2015 Utilization Review non-certified the request for right piriformis injection to lumbar spine and cited was Official Disability Guidelines. The request for Urine Drug Screen was non-certified and cited was CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right piriformis injection to lumbar spine: 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), Treatment Index, 13th Edition (web) 2015, Hip and Pelvis Chapter, 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) Chapter: Hip & Pelvic/Acute & Chronic Section: Piriformis Injections.

Decision rationale: The Official Disability Guidelines comment on the use of piriformis injections for the treatment of piriformis syndrome. These guidelines state the following: Recommended for piriformis syndrome after a one-month physical therapy trial. Piriformis syndrome is a common cause of low back pain and accounts for 6-8% of patients presenting with buttock pain, which may variably be associated with sciatica, due to a compression of the sciatic nerve by the piriformis muscle (behind the hip joint). Piriformis syndrome is primarily caused by fall injury, but other causes are possible, including pyomyositis, dystonia musculorum deformans, and fibrosis after deep injections. 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. Imaging modalities are rarely helpful, but electrophysiologic studies should confirm the diagnosis, if not immediately, then certainly in a patient re-evaluation and as such should be sought persistently. 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. Surgery should be reserved as a last resort in case of failure of all conservative modalities. No consensus exists on overall treatment of piriformis syndrome due to lack of objective clinical trials. Conservative treatment (eg, stretching, manual techniques, injections, activity modifications, modalities like heat or ultrasound, natural healing) is 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. He or she must comply with the program even beyond the point of discontinuation of formal medical treatment. Injection therapy can be incorporated if the situation is refractory to the aforementioned treatment program. In this case, there is insufficient documentation in support of the proposed diagnosis of piriformis syndrome. While the patient has buttock pain, there is insufficient documentation in support of evidence of the above stated physical examination findings. Further, there is insufficient documentation that the patient has received an adequate course of conservative therapy. For these two reasons, a right piriformis injection to the lumbar spine is not considered as medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Pain Chapter, Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Indicators for Addiction Page(s): 87-88.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of drug testing. These guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The primary rationale in support of urine drug screen is the presence of indicators for addiction. This includes detection of the following aberrant behaviors: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in “distress”, (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources. Based on the information in the available medical records, there is no evidence that the patient has engaged in any suspicious or aberrant behaviors to indicate that she is at high-risk for addiction. For these reasons, a urine drug screen is not considered as medically necessary.