

<b>Case Number:</b>	CM15-0060337		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, Hawaii  
 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 02/24/2012. The diagnoses included left piriformis syndrome, left buttock trigger point, left iliopsoas bursitis, left greater trochanteric bursitis and sleep dysfunction. The injured worker had been treated with medications, and TENS On 3/6/2015 the treating provider reported continuing left buttock pain and left hip pain. The pain was rated 10/10 radiating down both legs. There is impaired gait with tenderness. The treatment plan included Fluoroscopic-guided left piriformis injection and TENS unit battery and patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluroscopic-guided left 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 (ODG), Hip & Pelvis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis Chapter - Piriformis injections.

**Decision rationale:** The patient presents with continuing left buttock pain and left hip pain. The current request is for Fluoroscopic-guided left piriformis injection. The treating physician states, in a report dated 03/06/15, "I am requesting authorization for fluoroscopic-guided left piriformis injection. Please authorize at your earliest convenience. Previous injection was more than nine months ago, which gave him nearly 100% pain relief." (8B) The MTUS guidelines are silent on piriformis injections. The ODG guidelines state, "recommended after a one-month physical therapy trial. Symptoms include buttock pain and tenderness with or without electro diagnostic 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." In this case, the treating physician has documented left piriformis syndrome status post fall with possible sciatic nerve contusion and subsequent sciatica with relief from piriformis injection. While there is no documented Physical Therapy, a home exercise program has been noted in the treating physician's report. The current request is medically necessary and the recommendation is for authorization.

**TENS unit battery and patches qty: 4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**Decision rationale:** The patient presents with continuing left buttock pain and left hip pain. The current request is for TENS unit battery and patches qty: 4. The treating physician states, in a report dated 03/06/15, "I am requesting authorization for TENS unit battery and patches. Please authorize at your earliest convenience. The patient continues to use it with relief and reduction in pain precluding further escalation of medications." (8B) The MTUS guidelines support the usage of a TENS unit for the treatment of chronic intractable pain caused by neuropathic pain, diabetic neuropathy, CRPS II, Spinal cord injury and MS. MTUS page 8 requires the ongoing monitoring of treatment and continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. In this case, there is documented pain reduction with TENS and decreased medication usage. The current request is medically necessary and the recommendation is for authorization.