

Case Number:	CM15-0079791		
Date Assigned:	07/16/2015	Date of Injury:	11/14/1986
Decision Date:	08/13/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male who sustained an industrial /work injury on 11/14/86. He reported an initial complaint of knee and back pain. The injured worker was diagnosed as having disorder of sacrum, lumbago, enthesopathy of hip, pain in joint pelvis/thigh/limb. Treatment to date includes medication, diagnostics, bilateral L4-5 facet injection on 1/9/13, and exercise program. Currently, the injured worker complained of knee pain and lumbago with pain radiating into the right buttock and down the back of thigh to knee. Function has decreased. Pain is rated 4/10 without medications. Per the primary physician's report (PR-2) on 3/18/15, exam of the thoracolumbar area shows decreased flexion and extension without pain, tenderness over right piriformis with positive twitch that does not refer down leg. The requested treatments include right ultrasound guided piriformis injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ultrasound guided piriformis injection: 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).

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

Decision rationale: Regarding the request for piriformis injection with ultrasound guidance, California MTUS guidelines do not contain criteria regarding the diagnosis and treatment of piriformis syndrome. ODG states that piriformis injections are recommended for piriformis syndrome after a one-month physical therapy trial. ODG goes on to state that the physical examination findings of piriformis syndrome include tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation of the hip. The ODG describes a variety of techniques and image guidance, stating: "Localization techniques include manual localization of muscle with fluoroscopic and electromyographic guidance, or ultrasound." Within the documentation available for review, it is clear the patient has tenderness over the piriformis muscle. A progress note documents twitch response exam finding. The patient has not had failed physical therapy prior to the requested piriformis injection, as recommended by guidelines. In fact, the note associated with this injection request documents that PT has not been authorized. In the absence of such documentation, the currently requested piriformis injection is not medically necessary.