

<b>Case Number:</b>	CM15-0081150		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	09/16/1998
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

This 47 year old male sustained an industrial injury to the back and arm on 9/16/88. Previous treatment included eight back surgeries, physical therapy, trigger point injections, sacroiliac joint injections, epidural steroid injections, cognitive behavioral therapy, psychiatric care, heat, cold, transcutaneous electrical nerve stimulator unit, spinal cord stimulator and medications. In a progress note dated 3/25/15, the injured worker complained of persistent low back pain rated 3-10/10 on the visual analog scale. Physical exam was remarkable for positive left FAIR test. The physician noted that piriformis involvement was highly suspected. Current diagnoses included buttock pain, lumbar post laminectomy syndrome and lumbar spine radiculopathy. The treatment plan included a trial of left piriformis muscle injection under ultrasound guidance, continuing current medications and possibly considering sacroiliac joint injections and Lidoderm patch in the future.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 left piriformis injection under ultrasound guidance:** 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 & Pelvis (Acute & Chronic).

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

**Decision rationale:** Regarding the request for piriformis injection, 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. Within the documentation available for review, the patient is noted to have a positive left FAIR test, but there is no documentation of failed physical therapy targeting the piriformis prior to consideration for injection. In the absence of such documentation, the currently requested piriformis injection is not medically necessary.