

<b>Case Number:</b>	CM15-0083344		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	09/24/2007
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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

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 56 year old female, who sustained an industrial injury on 09/24/2007. The utilization review states that the injured worker was injured during a motor vehicle accident. On provider visit dated 01/20/2015 the injured worker has reported neck pain, lower back pain and left leg pain. She was noted to perform activities of daily living with medication regimen. On examination the cervical palpation was noted as decreased tenderness over the right cervical facet joints. Lumbar palpation was noted as having tenderness to left lower facet column/facet. Lower extremity was noted to have range of motion stiffness, discomfort and decreased ability to flex and internally rotate left hip compared to right. The diagnoses have included right cervical facet pain improved post radiofrequency, rule out left lumbar facet pain and right sided lumbar facet mediated pain (improved post radiofrequency). Treatment to date has included lumbar radiofrequency and pain medication. The provider requested bilateral piriformis muscle injection under fluoroscopy, right cervical branch block C4-C5 with IV sedation and fluoroscopy and right cervical branch block C5-6 with IV sedation and fluoroscopy. A progress report dated March 26, 2015 indicates that the patient previously underwent a cervical radiofrequency ablation procedure with 80% reduction in neck pain for 18 months. The note indicates that the patient has developed bilateral but our pain following lumbar radiofrequency. Musculoskeletal examination reveals marked tenderness over the piriformis muscles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral piriformis muscle injection under fluoroscopy: 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), low back.

**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, 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, it is clear the patient has tenderness over the piriformis muscle. However, it is unclear whether the pain is exacerbated by flexion, adduction, and internal rotation. Additionally, there is no documentation of failed physical therapy prior to the requested piriformis injection, as recommended by guidelines. Finally, it appears the symptoms occurred after radiofrequency ablation. It would be unlikely for piriformis syndrome to develop acutely after radiofrequency ablation. However, there is a risk of neuritis which may present following radiofrequency ablation. The requesting physician has not identified why he feels the appropriate diagnosis is piriformis syndrome as opposed to neuritis. In the absence of such documentation, the currently requested piriformis injection is not medically necessary.

**Right cervical branch block C4-5 with IV sedation and fluoroscopy: 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), neck and upper back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

**Decision rationale:** Regarding the request for cervical medial branch block, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, it appears the patient has

already been diagnosed with cervical facet pain. The patient has previously undergone radiofrequency ablation with good results. It is unclear, therefore, why repeat diagnostic injections would be indicated. Additionally, guidelines do not support diagnostic medial branch blocks being performed with sedation. In the absence of clarity regarding these issues, the currently requested cervical medial branch block is not medically necessary.

**Right cervical branch block C5-6 with IV sedation and fluoroscopy:** 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), neck and upper back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

**Decision rationale:** Regarding the request for cervical medial branch block, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, it appears the patient has already been diagnosed with cervical facet pain. The patient has previously undergone radiofrequency ablation with good results. It is unclear, therefore, why repeat diagnostic injections would be indicated. Additionally, guidelines do not support diagnostic medial branch blocks being performed with sedation. In the absence of clarity regarding these issues, the currently requested cervical medial branch block is not medically necessary.