

Case Number:	CM14-0111122		
Date Assigned:	08/01/2014	Date of Injury:	03/25/2014
Decision Date:	10/09/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified Neurological Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicates that this 44 year-old female was reportedly injured on 3/25/2014. The mechanism of injury is noted as a lifting injury. Most recent progress note, dated 6/25/2014. Indicates that there are ongoing complaints of low back pain that radiates into the RLE. The physical examination demonstrated Lumbar spine: flexion 10 inches from toes, extension 20, right hip: positive tenderness to palpation in the sciatic notch over the Piriformis tendon. Motor and sensory exam within normal limits reflexes 2+. Diagnostic imaging studies include a Lumbar spine MRI dated 4/30/2014 which reveals multilevel degenerative changes throughout the lumbar spine. Multilevel foraminal narrowing and facet degeneration, broad-based annular bulging. Central canal narrowing at L-1-L5. Previous treatment includes Physical therapy, acupuncture, chiropractic care, medications, and conservative treatment. A request had been made for Pain management referral, injection of the Piriformis tendon, Prilosec and was not certified in the pre-authorization process on 7/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapters 8-14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, , 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127

Decision rationale: MTUS/ACOEM practice guidelines state, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Review of the available medical records, documents low back discomfort with pain symptoms in the RLE at their last office visit, but fails to give a clinical reason to transfer care to a pain management specialist. As such, this request is not considered medically necessary.

Piriformis Tendon 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: Piriformis Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Total Knee Arthroplasty

Decision rationale: Official Disability Guidelines recommends Piriformis Syndrome Injections 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. After review of the medical records provided I was unable to determine documentation of a 1-month trial of physical therapy. Therefore, this request does not meet guideline criteria and is not medically necessary.

Retro: Prilosec: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: MTUS guidelines support the use of Proton Pump Inhibitors (PPI) in patients taking Non-Steroidal Anti-Inflammatory Medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review of the available medical records,

fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, this request is not considered medically necessary.