

<b>Case Number:</b>	CM14-0123534		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 in Physical Medicine & Rehabilitation 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:

This 60 year-old patient sustained an injury on 5/8/12 while employed by [REDACTED]. Request(s) under consideration include Electromyography guided right piriformis block x1. Diagnoses include Piriformis syndrome; low back pain; neck pain; s/p left knee arthroscopy on 11/17/13. Report of 2/27/14 noted mild neck pain radiating into shoulder, hand, and buttock associated with stiffness, weakness, catching, mass/lump, and tenderness. Exam showed tenderness over paracervicals, levator scapula, medial trapezius, and parascapular muscles; lumbar flex/ext/ lateral bending/ rotation of 40/35/15/10/60-70 degrees; positive Spurling's; mild antalgic gait; lumbar range flex/ext/ lateral bending 55/30/15/10 degrees; positive Fabere on right and SI joint tenderness. The request(s) for Electromyography guided right piriformis block x1 was non-certified on 7/28/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography guided right piriformis block x1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- low back procedure summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter, Piriformis Injections, pages 259-260.

**Decision rationale:** This 60 year-old patient sustained an injury on 5/8/12 while employed by [REDACTED]. Request(s) under consideration include Electromyography guided right piriformis block x1. Diagnoses include Piriformis syndrome; low back pain; neck pain; s/p left knee arthroscopy on 11/17/13. Report of 2/27/14 noted mild neck pain radiating into shoulder, hand, and buttock associated with stiffness, weakness, catching, mass/lump, and tenderness. Exam showed tenderness over paracervicals, levator scapula, medial trapezius, and parascapular muscles; lumbar flex/ext/ lateral bending/ rotation of 40/35/15/10/60-70 degrees; positive Spurling's; mild antalgic gait; lumbar range flex/ext/ lateral bending 55/30/15/10 degrees; positive Fabere on right and SI joint tenderness. The request(s) for Electromyography guided right piriformis block x1 was non-certified on 7/28/14. Piriformis syndrome is primarily caused by fall injury, but may include pyomyositis, dystonia musculorum deformans, and fibrosis after deep injections. Presenting symptoms involve buttock pain may be exacerbated with prolonged sitting with exam findings of tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation (FADIR) of the hip. Imaging may be unremarkable, but diagnosis may be confirmed by electrodiagnostic or neurologic signs. Physical therapy aimed at stretching the muscle and reducing the vicious cycle of pain and spasm, is the mainstay of conservative treatment with local injections from failed conservative trial to also include manual techniques, activity modifications, and modalities like heat or ultrasound, natural healing are successful in most cases. For conservative measures to be effective, the patient must be educated with an aggressive home-based stretching program to maintain piriformis muscle flexibility and must comply with the program even beyond the point of discontinuation of formal medical treatment. Submitted reports have not adequately demonstrated objective findings of clinical change, functional improvement, increased ADLs, decreased medication profile or medical utilization for this chronic injury of 2012 to support the procedure. The Electromyography guided right piriformis block x1 is not medically necessary and appropriate.