

<b>Case Number:</b>	CM14-0161320		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	02/15/2008
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Orthopedic 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:

This is a 36-year-old male service technician who sustained a vocational injury on 02/15/08. The medical records provided for review documented that the claimant underwent L5-S1 disc replacement on 04/28/14. The office note dated 09/08/14 noted that the claimant had ongoing complaints of neck, low back, and lower extremity pain. Physical examination revealed tenderness upon palpation of the bilateral paravertebral area at the L3-S1 levels on the left piriformis notch, range of motion of the lumbar spine was moderately severely limited, and pain was significantly increased with flexion and extension. Sensory exam showed decreased sensitivity to touch along the L4-S1 dermatome of the left lower extremity. Testing for piriformis syndrome revealed a Lasgue Sign that was positive on the left. There are no documented pertinent diagnostic studies confirming a diagnosis of piriformis syndrome. The claimant has been given the working diagnoses to include lumbar disc displacement, lumbar radiculopathy, status post disc replacement, right shoulder pain, chronic pain, history of seizure with abrupt cessation of medication, and request to rule out piriformis syndrome. The request is for a diagnostic/therapeutic left piriformis injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left 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), Hip & Pelvis- 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); Hip & Pelvis chapter: Piriformis injections

**Decision rationale:** California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines state that piriformis injections are recommended only after there is a one month physical therapy trial which fails to alleviate symptoms. Conservative treatment is noted to be successful in most cases which should include stretching, manual techniques, injections, activity modifications, and modalities such as heat and ultrasound. For conservative measures to be effective, claimants must be educated with an aggressive home-based stretching program to maintain piriformis muscle flexibility. Injection therapy should be incorporated only if the situation is refractory to the aforementioned treatment program. There is a lack of documentation that conservative treatment in the form of formal physical therapy and an aggressive home exercise program have been utilized prior to considering and recommending a piriformis injection. The request is not medically necessary.