

<b>Case Number:</b>	CM14-0211968		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	04/21/2008
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 56-year-old woman with a date of injury of April 21, 2008. The mechanism of injury occurred when the IW lifted a 12-pound box causing injury to her back. The injured worker's working diagnoses are lumbar radiculopathy; right greater trochanteric bursitis; and right piriformis muscle spasm. Pursuant to the multi-disciplinary pain management consultation report dated November 21, 2014, the IW complains of low back pain with right buttocks and right lateral recess radiation. She has some pain in her left buttocks as well. She denied numbness, tingling, and weakness. The IW is status post right L5 transforaminal epidural steroid injection (TFESI) right greater trochanteric bursa injection, and right piriformis muscle injection on October 8, 2014 with very good pain relief. She was able to decrease her medications by nearly 50%. She still has some pain in the piriformis muscle. The right lateral thigh pain has resolved. Examination of the lumbar spine reveals tenderness to palpation to the right piriformis muscle. Straight leg raise test is positive on the right. Pain is not worsened with extension, flexion, rotation, or lateral flexion. The treating physician is recommending physical therapy (PT) for soft tissue mobilization and myofascial release X 12 sessions. According to a multi-disciplinary pain management consultation report dated May 20, 2014, the treating physician documents the IW had prior physical therapy and medications without adequate relief of her pain. There were no physical therapy notes in the medical record. There was no evidence of objective functional improvement associated with prior PT. It is unclear as to the number, frequency and duration of prior PT. The current request is for physical therapy for the right piriformis X 12 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right piriformis. Qty: 12.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Payment of the Treatment Guidelines and the Official Disability Guidelines, physical therapy to the right piriformis #12 sessions is not medically necessary. Patient should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factor should be noted. In this case, the injured workers working diagnoses are lumbar radiculopathy; right greater trochanteric bursitis; and right piriformis muscle spasm. A progress note dated May 20, 2014 states the injured worker had physical therapy and pain medications without adequate relief for pain. The medical record does not contain physical therapy progress notes or evidence of objective functional improvement or non-improvement. There is no evidence of total quantity of physical therapy sessions, frequency and duration. Consequently, absent clinical documentation to support the need for additional physical therapy, prior physical therapy documentation with evidence of objective functional improvement, additional physical therapy to the right piriformis #12 sessions is not medically necessary.