

Case Number:	CM14-0216412		
Date Assigned:	01/06/2015	Date of Injury:	07/16/2001
Decision Date:	02/25/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/24/2014

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:

This is a 60 year old female worker with a date of injury of July 16, 2001. The mechanism of injury is unknown. Most current diagnoses include degeneration of thoracic disc, myofascial pain, piriformis syndrome and trochanteric bursitis. She has a surgical history of coccyx removal. Notes stated that she underwent spine fusion surgery in 2003. On June 18, 2014, the injured worker underwent an intrathecal drug delivery system interrogation and analysis. On July 2, 2014, she underwent another intrathecal drug delivery system interrogation analysis. On October 23, 2014, she was status post right piriformis muscle injection and TPI of right gluteal muscles. There was a 40% pain improvement noted lasting about 2-3 months. A coccygeal joint injection improved her low back pain about 30% for over 6 weeks. Her low back and left lower extremity pain was noted to be getting progressively worse for several months while waiting for authorization for low back injections. Physical examination revealed tenderness with guarding over the left piriformis muscle and left glutens medius and maximum as well as left greater trochanter pain with palpation consistent with bursitis. There was a positive Pace and Frelberg test. Exercise and medications were also listed as treatments. Physical therapy and aqua therapy were listed in the notes but the medical records were limited regarding this information. A request was made for a left piriformis injection as outpatient. On November 24, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left piriformis injection, as an outpatient: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low back section, Piriformis injection

Decision rationale: Pursuant to the Official Disability Guidelines, left piriformis injection as an outpatient is not medically necessary. Piriformis injections are recommended for piriformis syndrome after a one-month physical therapy trial. Specific physical findings are tenderness in the sciatic notch and buttock pain in flexion in flexion, adduction and internal rotation. Imaging studies are rarely helpful but electrodiagnostic studies should confirm the diagnosis. In this case, the injured worker's working diagnoses are the degeneration of thoracic disc; myofascial pain; piriformis syndrome; and trochanteric bursitis. The documentation indicates the injured worker had a right prior piriformis injection. There was approximately 40% relief that lasted 2 to 3 months. The diagnosis should be made on physical examination with tenderness in the sciatic notch and buttock pain in flexion, abduction and internal rotation. The physical examination performed by the treating physician indicated tenderness only. There was physical therapy provided but the documentation is unclear as to whether physical therapy improved the symptoms. Consequently, absent clinical documentation to support the diagnosis of piriformis syndrome, left piriformis injection as an outpatient is not medically necessary.