

Case Number:	CM14-0219113		
Date Assigned:	02/12/2015	Date of Injury:	05/21/2009
Decision Date:	03/25/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/31/2014

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 is a male, who sustained an industrial injury on May 21, 2009. The diagnoses have included bilateral lumbar facet pain and bilateral piriformis syndrome. Treatment to date has included radiofrequency medial branch neurotomy and medication. Currently, the injured worker complains of right side sciatic leg pain and numbness, jabbing pain of the medial thigh and cramping medial calf. The symptoms are intermittent and increase with standing and walking. He reported that bilateral lumbar radiofrequency has helped reduce the low back pain. Following the radiofrequency the injured worker was able to reduce the amount of hydrocodone; however because of the increased leg pain, the hydrocodone was recently increased. On examination, the injured worker had a normal gait, normal stance with no antalgic component. He had decreased tenderness of the bilateral lumbar facet joints and denied pain with lumbar extension and rotation; He is tender in the right piriformis muscle and the right greater trochanter muscle. On December 18, 2014 Utilization Review non-certified a request for right piriformis injection, fluoroscopy and intravenous sedation, noting that the piriformis syndrome appears to be a new diagnosis and is stated as mild with no clear documentation of any conservative treatment or physical therapy directed at the source of pain. The Official Disability Guidelines and a non-MTUS reference was cited. On December 31, 2014, the injured worker submitted an application for IMR for review of right piriformis injection, fluoroscopy and intravenous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right piriformis injection with fluoro and IV sedation: 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 and www.nervemed.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG piriformis syndrome

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on piriformis syndrome, piriformis injection is recommended for piriformis syndrome after a 1 month physical therapy trial. There is not a documented dedicated one-month physical therapy trial for the treatment of the patient's piriformis syndrome. Therefore the request is not certified.