

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0095555 |                              |            |
| <b>Date Assigned:</b> | 08/08/2014   | <b>Date of Injury:</b>       | 09/27/2004 |
| <b>Decision Date:</b> | 06/09/2015   | <b>UR Denial Date:</b>       | 06/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/23/2014 |

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old female with a September 27, 2004 date of injury. A progress note dated May 14, 2014 documents subjective findings (back pain), objective findings (decreased range of motion of the cervical spine; decreased range of motion of the lumbar spine; tenderness of the sacroiliac joint; tenderness of the thoraco-lumbar junction; tenderness of the lumbosacral junction; decreased range of motion of the knees; tenderness of the medial joint of the knee), and current diagnoses (internal derangement of the right knee; lumbar disc herniation; intermittent, mild, probable L5 lumbar radiculitis; chronic cervical, thoracic, and lumbar strains; rule out cervical radiculitis). Treatments to date have included medications, physical therapy, knee bracing, injections, exercise, and magnetic resonance imaging of the lumbar spine. The medical record identifies that medications help to control pain. The treating physician documented a plan of care that included consultation for cognitive behavioral therapy, four trial psychotherapy sessions, Lidocaine and steroid injections to the piriformis muscles, and ten sessions of psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 injection with Lidocaine and steroids into the piriformis muscles:** Overturned

**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-Lumbar & Thoracic (Acute & Chronic) 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) Low Back Section.

**Decision rationale:** MTUS guidelines do not address piriformis muscle lidocaine injections, therefore, alternative guidelines have been referenced. The ODG recommend lidocaine injections for piriformis syndrome after a one-month physical therapy trial. Piriformis syndrome is a common cause of low back pain and accounts for 6-8% of patients presenting with buttock pain, which may variably be associated with sciatica, due to a compression of the sciatic nerve by the piriformis muscle (behind the hip joint). The medical records provide evidence of a trial period of physical therapy without significant decrease in pain. The request for 1 injection with lidocaine and steroids into the piriformis muscles is medically necessary.

**10 sessions of psychotherapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Section Page(s): 23.

**Decision rationale:** Per the MTUS Guidelines, behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The criteria for use of cognitive behavior therapy (CBT) for chronic pain include (1) Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. (2) Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. (3) Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone with an initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) are recommended. A trial of psychotherapy is indicated in this case to assess treatment efficacy, however, 10 sessions of psychotherapy exceeds the recommendation of the MTUS Guidelines. The request for 10 sessions of psychotherapy is not medically necessary.