

<b>Case Number:</b>	CM15-0113324		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	05/24/2000
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 65 year old female with a May 24, 2000 date of injury. An Agreed Medical Evaluation dated January 19, 2015 documents subjective complaints (stabbing, shock-like low back pain; loses balance sporadically; radiation down both legs; sacrum pain with sitting; intermittent moderate neck pain mostly on the left side radiating down the left arm), objective findings (palpatory discomfort noted at the base of the neck and upper back as well as in the thoracolumbar region; cervical motion full but somewhat uncomfortable at the extremes of range; lumbar discomfort with extension; decreased grip strength on the left), and current diagnoses (cervical spondylosis; lumbar spondylosis; myofascial pain syndrome; psychiatric comorbidity; chronic pain syndrome). Treatments to date have included medications, physical therapy, imaging studies, electromyogram/nerve conduction studies of the left upper and lower extremities, lumbar epidural steroid injections, and a transcutaneous electrical nerve stimulator unit. The treating physician documented a plan of care that included left piriformis injection - sciatic nerve injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left piriformis injection - sciatic nerve injection:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Hip and 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 (Acute & Chronic), Piriformis injections.

**Decision rationale:** The claimant sustains a work injury and May 2000 continues to be treated for left lower extremity pain. She has had numerous courses of physical therapy. When seen, she was having left lower extremity numbness and moderate left buttock pain. There was left sciatic notch tenderness with referred pain to the left buttock. There was decreased left lower extremity strength and a decreased left ankle reflex. There was increased left buttock pain and lower extremity pain with straight leg raising. A piriformis injection can be recommended for piriformis syndrome after a one-month physical therapy trial. Localization techniques include manual localization of muscle with fluoroscopic and electromyographic guidance, or ultrasound. In this case, the claimant has had numerous courses of physical therapy for this problem. Physical examination findings are consistent with a diagnosis of piriformis syndrome. Therefore, the requested injection is medically necessary.