

<b>Case Number:</b>	CM15-0118000		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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:

The injured worker is a 44-year-old male, who sustained an industrial/work injury on 9/21/12. He reported initial complaints of back and leg pain. The injured worker was diagnosed as having sacroiliac sprain/strain, piriformis syndrome, myofascial pain syndrome, and lumbar disc herniation. Treatment to date has included medication and S1 joint injection. Currently, the injured worker complains of chronic pain in the lumbar spine that radiated to the left thigh. The steroid injection had improved pain in posterior thigh but calf cramps continue. Per the primary physician's progress report (PR-2) on 5/26/15, exam notes internal rotation of the femur resulted in deep buttock pain and tenderness noted over the piriformis muscle on the left side. Current plan of care included injection and consider water therapy. The requested treatments include bursa and/or joint and/or tendon injection of left piriformis under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bursa and/or joint and/or tendon injection of left piriformis under fluoroscopic guidance:**  
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), Hip & Pelvis (updated 10/09/14) - Online Version, 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 sustained a work-related injury in September 2012 and is being treated for chronic low back and bilateral lower extremity pain. When seen, there was left piriformis muscle tenderness and pain with left hip internal rotation. 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, there is no document trial of physical therapy treatment specifically for piriformis syndrome and therefore the request cannot be considered as being medically necessary at this time.