

Case Number:	CM15-0119242		
Date Assigned:	06/29/2015	Date of Injury:	09/24/2007
Decision Date:	07/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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: 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:

The injured worker is a 56 year old female, who sustained an industrial injury on September 24, 2007. Treatment to date has included lumbar radiofrequency, medications, home exercise, and activity modifications. Currently, the injured worker complains of right sided neck pain, occipital headaches and radiation of pain across the top of the right shoulder. She had a previous radiofrequency procedure, which provided an 80% reduction in neck pain for 18 months. She reports severe bilateral buttock pain, which developed following lumbar radiofrequency. She reports that her medication regimen improves her pain by 40% and allows function with running errands, performing activities of daily living, cleaning, cooking, and taking care of herself. She reports that she has limitations with prolonged sitting and standing and cannot perform repetitive bending, lifting or twisting. On physical examination, the injured worker has stiffness, discomfort and decreased ability to flex and internally rotate the left hip when compared to the right hip. Her bilateral lower extremity motor strength and reflexes are within normal limits and her sensory examination was normal. The evaluating physician noted that a previous piriformis injection provided over one year of 80% relief. The diagnoses associated with the request include right cervical facet pain, left lumbar facet pain, post-radiofrequency piriformis syndrome and right side lumbar facet medicated pain. The treatment plan includes continued medications and bilateral piriformis injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral piriformis injection QTY: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 3/24/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, Piriformis injections.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral piriformis injections #2 are not medically necessary. The guidelines recommend injections for piriformis injections after one-month physical therapy trial. Piriformis syndrome is a common cause of low back pain and accounts for 6 -8% of patients presenting with what a pain, which may be associated with sciatica. No consensus exists on overall treatment of piriformis syndrome due to lack of objective clinical trials. Fluoroscopy is acceptable localization technique. In this case, the injured worker's working diagnoses are right cervical facet pain; left lumbar facet pain, improved post radiofrequency; right-sided lumbar facet mediated pain, improved post radiofrequency; and post radiofrequency piriformis syndrome. Subjectively, according to a May 27, 2015 progress note, the injured worker developed bilateral buttock pain following lumbar radiofrequency. Right buttock pain is severe and overrides even the neck pain. The injured worker is currently stretching on a regular basis. Current medications include Soma and OxyContin. The documentation states the treating provider requested bilateral piriformis injections to treat the post procedural piriformis injections. The last time the injured worker had this procedure was following the radiofrequency and reduced her hip pain by about 80%. The documentation does not include a measurement of objective functional improvement; the duration of improvement; overall functional improvement and prior dates of all prior injections and operative reports. Objectively, it was marked tenderness over the bilateral piriformis muscles and sacroiliac joints on the right side. Consequently, absent clinical documentation of objective functional improvement with prior piriformis injections and duration of improvement of prior piriformis injections, bilateral piriformis injections #2 are not medically necessary.

Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, Piriformis injections.

Decision rationale: Pursuant to the Official Disability Guidelines, fluoroscopy is not medically necessary. The guidelines recommend injections for piriformis injections after one-month physical therapy trial. Piriformis syndrome is a common cause of low back pain and accounts for 6-8% of patients presenting with what a pain, which may be associated with sciatica. No

consensus exists on overall treatment of piriformis syndrome due to lack of objective clinical trials. Fluoroscopy is acceptable localization technique. In this case, the injured worker's working diagnoses are right cervical facet pain; left lumbar facet pain, improved post radiofrequency; right-sided lumbar facet mediated pain, improved post radiofrequency; and post radiofrequency piriformis syndrome. Subjectively, according to a May 27, 2015 progress note, the injured worker developed bilateral buttock pain following lumbar radiofrequency. Right buttock pain is severe and overrides even the neck pain. The injured worker is currently stretching on a regular basis. Current medications include Soma and OxyContin. The documentation states the treating provider requested bilateral piriformis injections to treat the post procedural piriformis injections. The last time the injured worker had this procedure was following the radiofrequency and reduced her hip pain by about 80%. The documentation does not include a measurement of objective functional improvement; the duration of improvement; overall functional improvement and prior dates of all prior injections and operative reports. Objectively, it was marked tenderness over the bilateral piriformis muscles and sacroiliac joints on the right side. Consequently, absent clinical documentation of objective functional improvement with prior piriformis injections and duration of improvement of prior piriformis injections, bilateral piriformis injections #2 are not medically necessary. The piriformis injections are not medically necessary and, as a result, fluoroscopy to administer the piriformis is not medical necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, fluoroscopy is not medically necessary.