

Case Number:	CM15-0122784		
Date Assigned:	07/07/2015	Date of Injury:	03/31/1998
Decision Date:	08/04/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/25/2015

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: Texas, New York, 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:

The applicant is a represented 64-year-old who has filed a claim for chronic neck, low back, wrist, and bilateral upper extremity pain reportedly associated with an industrial injury of March 31, 1998. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve requests for piriformis injections and eight sessions of chiropractic manipulative therapy. The claims administrator referenced an RFA form received on June 19, 2015 and an associated progress note of June 12, 2015 in its determination. The applicant's attorney subsequently appealed. On June 10, 2015, the applicant presented to follow up on issues with upper extremity paresthesias, CMC joint arthritis, and cubital tunnel syndrome. Work restrictions were endorsed. The applicant was apparently contemplating a hand surgery consultation. On June 12, 2015, the applicant reported ongoing complaints of neck, low back, hand, wrist, thumb, and elbow pain. The applicant was using a traction device at home, it was acknowledged. The applicant was on Prilosec, Frova, Lyrica, Tenormin, and extended release Voltaren, it was reported. Tenderness about the cervical paraspinal musculature and left piriformis musculature was appreciated. The applicant was given diagnoses of chronic neck pain, migraine headaches, CMC joint arthritis, and chronic low back pain, degenerative disk disease of the lumbar spine, suspected cervical radiculopathy, thumb arthritis, and de Quervain's tenosynovitis. Manipulative therapy and piriformis injections were endorsed. The applicant's permanent work restrictions were seemingly renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Piriformis injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip 7 Pelvis - Piriformis injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300; 309, Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The request for piriformis injections was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of piriformis injections, the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that ligamentous injections, i.e., a procedure essentially analogous to the issue in question, are deemed not recommended. The MTUS Guideline in ACOEM Chapter 12, page 300 also notes that invasive techniques, including local injections such as the piriformis injection in question, are of questionable merit. Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of injection therapy in the piriformis region in the face of the unfavorable ACOEM positions on the same. The attending provider, furthermore, reported on June 12, 2015 that the applicant had ongoing complaints of low back pain radiating to the left leg present at that point in time. Thus, the applicant did have radicular or pseudo-radicular symptoms. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines notes that trigger point injections, a form of injection essentially analogous to the piriformis injection in question are not recommended in the radicular pain context seemingly present here. The request, thus, as written, was at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.

Chiropractic Treatment, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: The request for six sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. The request was framed as a renewal or extension request for chiropractic manipulative therapy on the office visit in question of June 12, 2015. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant's work status was not explicitly stated on office visits of June 12, 2015 or June 10, 2015. It was suggested, however, that the applicant was not

working under future medical benefit/permanent work restrictions on the June 12, 2015 office visit at issue. Therefore, the request was not medically necessary.