

<b>Case Number:</b>	CM13-0011010		
<b>Date Assigned:</b>	09/19/2013	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Louisiana, Massachusetts, and New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49-year-old man sustained an injury on 11/1/11 when using a non-ergonomic chair while at work. He had previously had several injuries at work, which resulted in surgeries to his left shoulder, left elbow and left knee. His physical exam is notable for piriformis tenderness and for a positive piriformis muscle stress test. He had received a piriformis diagnostic injection and received 2 weeks of pain relief. His physician has also requested a specific electronic muscle stimulator for his low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**right piriformis Botox injection under fluoroscopic guidance with muscle stimulator:**  
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 Section Botulinium toxin Page(s): 25, 26.

**Decision rationale:** Botox is not recommended by MTUS for chronic pain syndromes. While there are small case series showing the successful use of Botox for piriformis syndrome, it is not

evidence based therapy. MTUS states: For conservative measures to be effective, the patient must be educated with an aggressive home-based stretching program to maintain piriformis muscle flexibility.

**electronic muscle stimulator:** 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 Section Neuromuscular electrical stimulation Page(s): 121.

**Decision rationale:** There is no evidence to support its use in chronic pain. It is NOT medically necessary.