

Case Number:	CM13-0014442		
Date Assigned:	10/03/2013	Date of Injury:	05/14/1998
Decision Date:	01/23/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/21/2013

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 Anesthesiologist, has a Fellowship trained in Pain Medicine and is licensed to practice in California. 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:

The patient is a 46 year old female who reported an injury on 05/14/1998. The mechanism of injury was being violently jerked during transport. The patient was diagnosed with chronic low back pain with history of multilevel lumbar fusion from March 2000, possible piriformis muscle syndrome, myofascial pain disorder, and chronic headaches, cervicogenic. Clinical note dated 08/15/2013 reported ongoing tenderness to the patient's lumbar paraspinal muscles. The patient had failed attempts with TENS unit. The patient was given Percocet, Flexeril, Lexapro, and Topamax. The dosage and frequency of these medications was not provided in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections, 100 units right piriformis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox Myobloc) Page(s): 25, 26.

Decision rationale: California MTUS states Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia, and chronic low back pain, if a favorable

initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. It is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. The patient does have diagnosis of myofascial pain disorder of which Botox is not recommended by California MTUS guidelines. There is also insufficient clinical documentation to support the medical necessity of the Botox injection for any diagnosis. As such, the request for Botox injections, 100 units to right piriformis is non-certified.

Botox injections, 100 units, left piriformis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox Myobloc) Page(s): 25-26.

Decision rationale: California MTUS states Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia, and chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. It is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. The patient does have diagnosis of myofascial pain disorder of which Botox is not recommended by California MTUS guidelines. There is also insufficient clinical documentation to support the medical necessity of the Botox injection for any diagnosis. As such, the request for Botox injections, 100 units to left piriformis is non-certified.