

Case Number:	CM13-0026328		
Date Assigned:	11/22/2013	Date of Injury:	12/05/2012
Decision Date:	01/22/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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.

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 is a 46 year-old with a 12/5/12 industrial injury and has been diagnosed with right-side piriformis syndrome and mild right TOS. The patient worked as a special aid teacher and was helping a Down's child when she fell landing on her buttocks. She reported a 2nd injury on 1/10/13 from another fall. The 7/30/13 report states the pain is 2/10 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right piriformis botox chemodenervation under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip/Pelvis Chapter Online

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines states botox injections are not recommended for chronic pain disorders other than cervical dystonia. The Chronic Pain Medical Treatment Guidelines specifically states botox is not recommended for myofascial pain syndrome and trigger points. The 7/30/13 report from [REDACTED] states the patient had good response to Piriformis trigger point injections and feels that botox would give longer lasting benefit. The Official Disability Guidelines guidelines

specifically discuss piriformis injections and states injections are recommended after a one-month PT trial. The Official Disability Guidelines also states that injection therapy with botox have been reported in the literature for management of this condition, but no single technique is universally accepted. The Official Disability Guidelines also provides specific physical findings for piriformis syndrome including pain exacerbated with prolonged sitting, positive FADIR , tenderness at the sciatic notch. The 7/30/13 report states the pain is exacerbated with prolonged standing, walking, as well as sitting. The FADIR (flexion in adduction and internal rotation) test was not performed, and there was no tenderness at the sciatic notch. Pain overall was reported as 2/10. It appears that the patient may well have a trigger point at the piriformis muscle, but the Official Disability Guidelines criteria for piriformis syndrome was not met, and Official Disability Guidelines does not give a strong recommendation for botox injections stating it is not universally accepted. Therefore, the Chronic Pain Medical Treatment Guidelines guidelines for Botox for trigger point injections would appear to be the most appropriate guideline. The Chronic Pain Medical Treatment Guidelines specifically states botox is not recommended for trigger point injections. The request for outpatient right piriformis botox chemodenervation under ultrasound guidance is not medically necessary or appropriate.