

Case Number:	CM13-0026554		
Date Assigned:	11/22/2013	Date of Injury:	03/11/2004
Decision Date:	02/06/2014	UR Denial Date:	08/16/2013
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 Neurology, has a subspecialty Neuromuscular 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:

██████████ is a 45 year old woman who sustained a work related injury that occurred on March 11, 2004. The patient was complaining of lower back pain irradiating to the buttocks and left lower extremities. Physical examination showed tenderness in the lumbar paraspinal muscles, positive left piriformis test, positive fluid attenuated inversion recovery (FLAIR) test and positive straight raise left leg test. The patient was treated with transcutaneous electrical nerve stimulation (TENS) with positive result. No formal physical therapy treatment was documented. The patient was diagnosed with left piriformis syndrome, and her provider requested authorization to use Botox to treat her condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Chemodenervation to left piriformis musculature: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 59-60.

Decision rationale: According to MTUS guidelines, Botulinum toxin (Botox) injection is recommended for cervical dystonia and chronic back pain. It is not recommended for chronic

pain syndrome, trigger point injection and fibromyositis. It is also not recommended for muscle spasms and myofascial pain. Therefore, the requested Botox Chemodenervation to left piriformis musculature is not medically necessary.