

<b>Case Number:</b>	CM13-0034987		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/18/2010
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 & 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. 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 34 year old male with date of injury of 10/18/2010. The listed diagnoses per [REDACTED] dated 09/10/2013 are: 1. Left piriformis syndrome 2. Left sacroiliac joint According to progress report dated 09/10/2013 by [REDACTED], the patient complains of low back pain radiating to his bilateral legs, left greater than right, with numbness and tingling to the legs and feet. He rates his pain 6-7/10. He describes his pain at throbbing, dull, annoying and stabbing with spasms to the sides of the back, bilaterally, left side greater than right. He also complains of left hip pain. He states that it hurts to bend or apply pressure while twisting or pushing. Objective findings show piriformis tenderness and stress tests were positive on the left. There is no evidence of instability on the knees. There is mild left hip pain. There is diffused tenderness over the paraspinal musculature and moderate facet tenderness. The treater is requesting a botox injection to the left piriformis muscle, hot/cold system and a urine drug testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**botox injection to the left piriformis muscle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox®; Myobloc®) Page(s): 25, 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on Piriformis muscle injection.

**Decision rationale:** This patient presents with chronic low back pain and left hip pain with radiating symptoms. The treater is requesting a botox injection to the left piriformis muscle for pain relief. The patient recently received a corticosteroid injection on the piriformis muscle with 3 hours of pain relief. Utilization review dated 10/03/2013 denied the request stating that "the muscle intended for injection is normal per MRI report and that Botox is not supported in evidence based guidelines as appropriate treatment in this context." MTUS guidelines pages 25 and 26 states "Not generally recommended for chronic pain disorders but recommended for cervical dystonia. Not recommended for tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." ODG guidelines state, "Injections with steroids, local anesthetics, and botulinum toxin have been reported in the literature for management of this condition, but no single technique is universally accepted." In this case, the patient presents with low back pain with radiation in to both lower extremities. Piriformis muscle syndrome causes buttock pain and not low back pain. There is also lack of documentation of FADIR test (increased pain with flexion, adduction and internal rotation of hip) which would be consistent with piriformis syndrome. While botox maybe an option for a refractory piriformis syndrome pain, this patient does not appear to present with this diagnosis. There is lack of clear support for the use of botox for piriformis in the guidelines. Recommendation is for denial.

**hot/cold system:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, low back chapter, for hot/cold packs

**Decision rationale:** This patient presents with chronic low back pain and left hip pain with radiating symptoms. The treater is requesting a hot/cold system. Utilization review dated 10/03/2013 denied the request stating "A continuous cryotherapy unit is not supported by guidelines. Information from provider suggests this is an electric/powered unit. However, the request is nonspecific in this respect. A determination of medical necessity cannot be made without additional information." Progress report dated 09/10/2013 by [REDACTED], states "A hot and cold therapy system provides continuous circulation and pressure to the injury via an electric pump and body part-specific pad." MTUS and ACOEM are silent when it comes to this request. However, ODG guidelines recommends at-home local applications of cold pack in the first few days of acute complains; thereafter, application of heat packs. In this case, the patient can benefit from a hot/cold therapy to reduce inflammation and increase circulation but ODG guidelines do not address electric pump powered Hot/Cold therapy system for low back. Continuous flow cryotherapy is something that is used for post-operative inflammation and pain for shoulder and knees. Recommendation is denial.

**urine drug testing:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug testing (MTUS pg 43).

**Decision rationale:** This patient presents with chronic low back pain and left hip pain with radiating symptoms. The treater is requesting urine drug testing to monitor adherence to prescription drug treatment. Utilization review dated 10/03/2013 denied the request stating that the treater has provided no rational for the urine drug screen. The patient is currently taking Tramadol and Celebrex. While MTUS does not specifically address how frequent UDS's should be obtained for chronic opiate use, for "high risk" opiate abusers, frequent urine drug screens are recommended. The treater has not provided an assessment of risk for this patient's abuse potential. For low risk patients, ODG guidelines recommend once yearly urine screen is recommended following initial screen within the first 6 months. Review of over 200 reports do not show any recent UD. Given that the patient has not had one recently, a urine drug testing is reasonable. Therefore, recommendation is for authorization.