

Case Number:	CM13-0044434		
Date Assigned:	12/27/2013	Date of Injury:	11/05/2003
Decision Date:	02/20/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/30/2013

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. 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:

A 55-year-old female, 11/05/2003 date of injury. Treating physician [REDACTED] handwritten notes from 06/03/2013 lists diagnoses of right shoulder signs and symptoms, lumbosacral signs and symptoms, right wrist tenderness. Examination showed tenderness over right piriformis muscle. Presenting symptoms are worsening right shoulder pain and weakness, failed cortisone injection and therapy. The patient had complaints of tight right piriformis and possible thoracic outlet symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right piriformis Botox injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS: Chronic intractable pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Piriformis muscle injection.

Decision rationale: This patient presents with chronic low back with tenderness over to the right piriformis muscle per treater's note from 06/03/2013. There are no other discussions regarding this patient's persistent low back pain. No other meaningful reports have been provided for my

review. ACOEM and MTUS Guidelines do not discuss piriformis muscle syndrome. However, ODG Guideline states that piriformis muscle injection and treatments can be provided after 1 month physical therapy trial and that piriformis syndrome is a common cause of low back pain accounting to 6% to 8% of patient presenting with buttock pain. Furthermore, ODG Guidelines state that injection therapy can be incorporated if the situation is refractory to the aforementioned treatment program. Injections with steroids, local anesthetic, and botulinum toxin have been reported in literature for management of this condition, but no single technique is universally accepted. Recommendation is for authorization in a trial of Botox injection on the piriformis muscle. The ODG Guidelines appear to support the injection.

Electronic muscle stimulator (EMS) unit, 30 day trial: 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.

Decision rationale: This patient suffers from chronic shoulder and low back pain. The patient has diagnosis of thoracic outlet syndrome as well. The treating physician has asked for electrical muscle stimulator unit. However, MTUS Guidelines do not recommend neuromuscular electrical stimulation, which is same as electrical muscle stimulation units. These units are designed to build up muscle strength. MTUS Guidelines page 121 states that this is not recommended for chronic pain and that muscle stimulators are used primarily as part of rehabilitation program following stroke and that there is no evidence to support its use in chronic pain. Recommendation is for denial.