

Case Number:	CM13-0051017		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2011
Decision Date:	03/11/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/13/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Washington DC, Maryland, and Florida. 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 49 year old injured worker, with stated date of injury of 11/01/2011. The patient has persisted in having pain in the area around the right buttocks with radiation to right lower extremity. The patient is noted have had a block completed on 04/11/13, which reportedly provided significant improvement for several weeks. A comprehensive pain management consultation report dated 07/19/13 documents complaints of pain in the lumbar spine rated at 7/10. The pain increases to 10/10 when cold and decreases to 5/10 when hot. The pain is described as sharp "like sitting on a rock", radiating down through the tight buttocks and leg to the heel. As long as claimant is not sitting, he is okay. Current medications include Tramadol, Flexeril, ibuprofen, and Lidocaine patch. Physical examination of the lumbar spine reveals mild diffuse tenderness over the paraspinal muscles, piriformis tenderness, and sacroiliac joint tenderness. Piriformis stress test, Faber's/Patrick test, sacroiliac thrust test, and Yeoman's test are positive on the right. Lumbar ranges of motion are limited. The claimant presents with primarily piriformis muscle tenderness with spasm. The claimant has had a prior piriformis muscle injection in April by [REDACTED], which gave claimant more than three weeks of 100 percent relief and at that time, claimant was able to stop taking medications get his life back. The provider recommends a right piriformis Botox injection under fluoroscopic guidance with muscle stimulator. A primary treating physician's supplemental medical-legal evaluation report dated 10/10/13 indicates that the claimant was seen by [REDACTED], on 07/22/13. [REDACTED] noted that the claimant had an injection to the right chest wall approximately five weeks ago and reported 60 percent improvement in symptoms. The claimant also had a Botox Injection to the right buttocks piriformis performed by [REDACTED] in relation to the prior injury. [REDACTED] noted that the claimant was doing well with regard to the chest wall. However, with

regards to this claimant's lower back/buttock area, an injection to the right buttock/piriformis had been recommended and the patient wished to proceed. ██████████ did noted that further treatment was necessary for the thoracic region. However, it was reasonable to proceed with the injection to the right buttock/piriformis. As ██████████ indicated that injection to the right piriformis is reasonable and necessary, the provider is in agreement with ██████████ opinion. A PR-2 dated 10/21/13 confirms the claimant has Consulted with pain management specialist, ██████████, who recommended and requested a right piriformis Botox injection under fluoroscopic guidance. The claimant continues to have right buttock pain wah radiaton to the toes and weakness of the leg. Medication include Tramadol ER, Pirilosec, Motrin, and Lidoderm patch. Examination of the lumbar spine reveals tenderness in the right paraspinal/right buttock. Lumbar flexion is to 38 degrees, extension to 12 degrees, right lateral flexion to 10 degrees, and left lateral flexion to 12 degrees. Straight leg Raise test causes right lower extremity and sciatic pain. Faber's test causes buttock pain and sciatic symptoms. There are positive right sacroiliac joint stress and right Gaenslens tests with radiation to the right sacroiliac joint/buttocks. The provider recommends medications and right piriformis Botox Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Hip and Pelvis Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox Page(s): 25 to 26 of 127.

Decision rationale: Regarding Botox injection, the guideline criteria is not met. The claimant continues to complain of pain in the right hip. The 10/10/13 report states that the claimant had a prior Botox injection to the right buttocks piriformis. However, the claimant's response to prior injection is not clearly outlined. It is unclear whether this resulted in objective and functional gains. Further, California MTUS does not generally support Botox injections for chronic pain disorders, however the guideline recommended it for chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. The medical necessity is not supported by the records submitted for review and not consistent with guideline recommendations.