

<b>Case Number:</b>	CM13-0059545		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/15/1998
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational 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 expert 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 39 year old female with date of injury 7/15/1998. The most current medical record, a supplemental primary physician's progress report, dated 10/15/2013, lists subjective complaints as severe pain, which she claims she can no longer tolerate. Objective findings: Examination of the left shoulder region revealed severe left scalene tenderness. Compression of the left scalene was found to reduce her symptoms. She had tenderness extending to the left pectoralis minor. There was brachial plexus tinel and positive costoclavicular abduction test with minimal elevation. She also had persistent bilateral piriformis tenderness, right greater than left. Diagnosis: 1. Pisiform syndrome a) status post right pisiformis release with persistent residuals 2. Complex regional pain syndrome, lower extremity a) status post spinal cord stimulator implantation/explantation 3. Major depression 4. Bilateral thoracic outlet syndrome with vascular headaches 5. Fibromyalgia 6. Gastritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE (1) BOTOX CHEMODENERVATION TO THE RIGHT PIRIFORMIS MUSCLE:**

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 rationale:** Botox is not generally recommended for chronic pain disorders. The patient is diagnosed with piriformis syndrome with failed piriformis release surgery. The Chronic Pain Medical Treatment Guidelines Do not recommend injection in myofascial trigger points as compared to dry needling or local anesthetic injections. There is no support in the MTUS for chemodenervation of the piriformis muscle as the treatment for failed piriformis release surgery. One (1) Botox chemo denervation to the right piriformis muscle is not medically necessary

**ONE (1) PALLATIVE TRIGGER POINT INJECTION IN TRAPEZIUS**

**BILATERALLY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**Decision rationale:** Trigger point injections are recommended only for myofascial pain syndrome insert and criteria are met. The medical record fails to demonstrate that the patient has met any of the four criteria necessary to allow certification. One (1) pallative trigger point injection in trapezius bilaterally is not medically necessary.