

Case Number:	CM14-0102256		
Date Assigned:	07/30/2014	Date of Injury:	10/26/2009
Decision Date:	09/10/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 52-year-old female who reported an injury on 10/26/2009 caused by an unspecified mechanism. The injured worker's treatment history included x-ray, physical therapy sessions, TENS unit, ice treatment and MRI. The injured worker was evaluated on 07/10/2014, and it was documented that the injured worker complained of low back pain with radiation to the foot, significant. The provider noted the injured worker stated her neck pain has decreased to 0 and left hip pain went from 6/10 to 4/10 on a VAS pain measurement. However, her left toe pain has increased from 8/10 to 9/10 and left shoulder pain continued at 3/10. The provider noted that physical therapy provided her with the greatest benefit, 80% of pain relief and she reported improvement with endurance, strength and pain. Physical examination of the lower extremities revealed there was swelling of the left foot, color change in the left foot, mottling in the left foot. Reflexes, patellar and Achilles right/left were 2+. Medications included Butrans, Lyrica, and Zanaflex, Lidoderm patches, topical analgesic and Tirosint. Diagnoses included rotator cuff dis (disorder not elsewhere classified), pain in the limb, lumbar disc degeneration with myelopathy, lumbosacral disc degeneration, mild osteoarthritis left hip, and piriformis syndrome. The provider noted the injured worker had undergone a piriformis with significant benefit, Botox. However, the Botox for piriformis is not being authorized. The Request for Authorization dated 02/25/2014 was for physical therapy. However, the rationale was noted submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) Piriformis Botox Injection under Monitored Anesthesia and Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin(Botox, Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines-Piriformis injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Botox Page(s): 25-26.

Decision rationale: The request is not medically necessary. The Chronic Pain Medical Treatment Guidelines do not generally recommend Botox Injections for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibro myositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Recommended: cervical dystonia, a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis, and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. When treated with BTX-B, high antigenicity limits long-term efficacy. Botulinum toxin injections provide more objective and subjective benefit than trihexyphenidyl or other anticholinergic drugs to patients with cervical dystonia, recommended for chronic low back pain if a favorable initial response predicts subsequent responsiveness as an option in conjunction with a functional restoration program. Some additional new data suggests that it may be effective for low back pain. The documents submitted for review failed to indicate the injured worker having diagnoses of cervical dystonia. In addition, the provider failed to provide outcome measurements of conservative care for the injured worker. As such, the request for Botox injection for (L) piriformis Botox injection under fluoroscopy under monitored anesthesia and fluoroscopy is not medically necessary.

Physical Therapy 8x12: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy noting good benefit. The request failed to indicate the location where the therapy is needed for the injured worker. In addition, long-term functional goals were not provided for the injured worker and will exceed the recommended amount of visits. Given the above, the request for physical therapy 8 times 12 is not medically necessary.

