

<b>Case Number:</b>	CM14-0157623		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50 year old woman who sustained a work-related injury on March 15, 2012. Subsequently, she developed with chronic back and neck pain. An MRI of the cervical spine was performed on June 29, 2012 and demonstrated modest right lateral foraminal compromise C4 and C4-C5. An MRI of the lumbar spine performed on June 29, 2012 the demonstrated the right lateral foraminal compromise at the level of L3-L4. According to a progress note dated August 19, 2014, the patient was complaining of low back pain with numbness and tingling in the left lower extremity. The her physical examination demonstrated the lumbar sacral tenderness associated to left piriformis spasm and reduced range of motion. The provider requested authorization for pain management consultation for left piriformis Botox injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult in consideration of Left Piriformis Botox Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (Fishman, Anderson et al. 2002) Fishman, L. M., et al. (2002). "BOTOX and physical therapy in the treatment of piriformis syndrome." Am J Phys Med Rehabil 81(12): 936-942.

**OBJECTIVE:** This study evaluates the efficacy of botulinum toxin A injections used in conjunction with physical therapy for the treatment of piriformis syndrome. **DESIGN:** This a double-blind, placebo controlled clinical trial using el

**Decision rationale:** There are no controlled studies supporting the use of Botox for the treatment of Piriformis Syndrome. Therefore the request for the use of Pain management consultation in consideration of Left Piriformis Botox Injection is not medically necessary.