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| Case Number: | CM14-0023283 | | |
| Date Assigned: | 05/12/2014 | Date of Injury: | 02/02/2010 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 02/13/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 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 58-year-old female who has submitted a claim for myofascial pain; cervical radiculitis, left; history of cervical fusion; lumbar radiculitis versus piriformis syndrome; and left wrist pain, extensor tendinitis associated with an industrial injury date of February 2, 2010. Medical records from 2013-2014 were reviewed. The patient complained of persistent neck pain grade 5-6/10 in severity and gluteal pain grade 6-7/10 in severity. The neck pain radiates to the left upper extremity. It was tight and aching in nature and aggravated with turning and direct pressure. Gluteal pain was intermittent, burning, and aching with direct pressure and walking on extended distance. There was radiation to the posterior left lower extremity to the plantar aspect of the foot. Physical examination showed tenderness with active trigger point in the left cervical paraspinals, left trapezius, and levator scapula. Facet loading was positive, causing pain in the left cervical paraspinals. Recent physical examination of the lumbar area was not available. Imaging studies were not made available. Treatment to date has included medications, physical therapy, acupuncture with massage, home exercise program, TENS unit, activity modification, left wrist and hand surgery, neck surgery, Botox injection for the piriformis, cervical epidural injections, and trigger point injections. Utilization review, dated February 13, 2014, denied the request for MRI of the cervical spine because there was absent clear evidence of neurological pathology to confirm physiologic evidence of tissue insult. The request for piriformis injections with botulinum toxin was also denied because there was absent clinical evidence to confirm the diagnosis of piriformis syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI.

Decision rationale: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the patient complained of persistent neck pain. However, there is no documentation of new injury or trauma to the spine. There is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Also, there is no documentation of treatment and failure of conservative therapy for 3 months. Physical examination findings do not show evidence of nerve compromise. There is no clear indication for another cervical spine MRI to be requested. Therefore, the request for MRI of the cervical spine is not medically necessary.

THERAPEUTIC BOTOX INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Piriformis Syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Piriformis injections.

Decision rationale: According to pages 25-26 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Botox is not generally recommended for chronic pain disorders but recommended for cervical dystonia. Botulinum neurotoxin may be considered for low back pain if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. In addition, ODG states that piriformis injections are recommended for piriformis syndrome after a one-month physical therapy trial. In this case, Botox injections to the piriformis were requested. Rationale for the request was not provided. Patient previously underwent Botox injection for the piriformis in 2010 which gave relief for 2 to 3 months. However, there were no recent physical examination findings available that would support the diagnosis of piriformis syndrome. In addition, there was no evidence of any adjunct functional restoration program together with the Botox injection. The medical necessity has not

been established. Furthermore, the present request failed to specify the body part to be treated. Therefore, the request for therapeutic Botox injection is not medically necessary.