

<b>Case Number:</b>	CM14-0030114		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	12/22/1997
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 and Rehabilitation 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 underlying date of injury in this case is 12/22/1997. The primary treating diagnosis is a post laminectomy pain syndrome with chronic lumbar radiculopathy. On 12/11/2013, the primary treating physician submitted a progress report and noted the patient had ongoing back pain with radiation in her left buttock and down her left leg. The patient was diagnosed with a laminectomy syndrome with left-sided sacroiliitis and was noted to be focally tender on the left side along the greater trochanter as well as along the piriformis and she had pain with flexion and internal rotation as well as pain with deep palpation with flexion and internal rotation. The treating physician recommended a left-sided piriformis injection in order to control her pain. An initial physician review noted that Botox injection is not generally recommended for chronic pain disorder and the patient does not meet the criteria in the treatment guidelines for Botox injection. I would note that an additional office note, apparently not available to the initial physician reviewer as of 01/22/2014 noted at that time the treating orthopedic spine surgeon indicated that the patient clearly had piriformis syndrome based upon the initial injection and noted that another physician had suggested a Botox injection to the piriformis. Specifically, a pain physician saw the patient on 01/22/2014 and noted the patient had persistent left buttock pain following a lumbar fusion and noted the patient had dramatic improvement in pain for a week with local anesthetic injection in January 2013. That physician recommended a Botox injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PIRIFORMIS BOTOX CHEMODENERVATION INJECTION UNDER ULTRASOUND GUIDANCE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BOTULINUM TOXIN Page(s): 25.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Botulinum Toxin, page 25, states that the treatment is not generally recommended for chronic pain disorders. There is an exception in that recommendation for chronic headaches in some situations but not for piriformis injections. With regard to piriformis injections, those guidelines specifically state that several recent studies have found no support for Botox injection when a patient has a myofascial trigger point as compared to dry needling or local anesthetic injections. That guideline additionally states that recent systematic reviews have stated that evidence does not support Botox for myofascial pain. Overall, the medical records and guidelines do not provide a rationale or indication to indicate that this requested treatment would likely be beneficial to this patient. This request is not medically necessary.