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| <b>Case Number:</b>   | CM14-0207797 |                              |            |
| <b>Date Assigned:</b> | 12/19/2014   | <b>Date of Injury:</b>       | 10/11/2011 |
| <b>Decision Date:</b> | 02/13/2015   | <b>UR Denial Date:</b>       | 11/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/11/2014 |

### 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 patient is a 37 year old female with date of injury 10/11/11. The treating physician report dated 10/18/14 indicates that the patient presents with pain affecting her low back which is associated with muscle spasms in her right hip and radiates into her buttocks and right thigh. (15) The physical examination findings reveal tenderness with muscle spasms, decreased range of motion, and positive Straight Left Test causing radicular pain, right hip was tender to palpation. Prior treatment history includes piriformis injection, physical therapy, topical cream, and medications. AME evaluation revealed not yet permanent and stationary. MRI findings of the lumbar spine revealed a normal examination. EMG/NCS findings reveal evidence of L5 radiculopathy on the right based on absent F waves of the deep peroneal nerve. The current diagnoses are: 1. Lumbosacral Sprain/Strain with Myofascitis 2. Lumbar Radiculopathy 3. Greater Trochanteric Bursitis; Right Hip 4. Piriformis Syndrome; Right Hip 5. Intractable Low Back and Right Hip Pain The utilization review report dated 11/14/14 denied the request for Botox injection of the right hip piriformis muscle based on guideline recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injection of the right hip piriformis muscle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2007, page 188, and the Official Disability Guidelines (ODG), Hip and Pelvis Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Botox.

**Decision rationale:** The patient presents with pain affecting her low back which is associated with muscle spasms in her right hip and radiates into her buttocks and right thigh. The current request is for Botox injection of the right hip piriformis muscle. The treating physician states, "Authorize series of piriformis injections with Botox medications per pain management specialist." (16) The patient has experienced temporary relief with piriformis steroid injection in the past that the pain management physician did as a trial for the Botox injection. The MTUS guidelines do recommend Botox injections for chronic low back pain. The ODG guidelines do recommend piriformis injections for patients with buttock pain and sciatica. The criteria as stated in the ODG guidelines requires that the patient have failed a one month physical therapy trial and have tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation (FADIR) of the hip. In this case, the treating physician has documented that the patient has buttock pain and has had physical therapy but did not document if the physical therapy helped the patient or how many sessions the patient attended. There was no documentation of positive FADIR test which is required by the ODG guidelines. Recommendation is for not medically necessary.