

Case Number:	CM15-0000841		
Date Assigned:	01/12/2015	Date of Injury:	01/20/2005
Decision Date:	03/16/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 56-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 20, 2005. In a Utilization Review Report dated December 9, 2014, the claims administrator failed to approve a request for a left piriformis injection. The claims administrator referenced a November 26, 2014 progress note in its determination. The applicant had reportedly had previous piriformis Botox injections, the claims administrator contended. A lumbar spine x-ray was, it was incidentally noted, approved. The applicant's attorney subsequently appealed. In a November 26, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral thighs. 6/10 low back pain was reported. The applicant stated that she had received some piriformis Botox injections several years prior. The applicant's medication list included Lidoderm, Naprosyn, Pepcid, Seroquel, and Wellbutrin. The applicant did have comorbid issues with depression. The applicant had received sacroiliac joint injections in addition to piriformis injections. The applicant had been terminated by her former employer on March 8, 2011. The applicant was not currently working, it was acknowledged. The attending provider further noted that the applicant had had previous electrodiagnostic testing which established a diagnosis of right S1 radiculopathy superimposed on issues with right sural nerve peripheral neuropathy. A piriformis injection with Botox was endorsed. It was stated that the applicant had had two prior sets of injections. Permanent work restrictions and Naprosyn were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left piriformis injection with botox: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: No, the proposed left piriformis injection with Botox is not medically necessary, medically appropriate, or indicated here. While page 25 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Botox injections are recommended for applicants with chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program, in this case, however, the applicant has had two prior sets of Botox injections without significant evidence of functional improvement. The applicant remains off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on a variety of analgesic medications, including Naprosyn and Lidoderm patches. The applicant had apparently been off of work for over three and a half years as of the date the repeat Botox injection was endorsed. It does not appear, in short, that the applicant was/is intended on employing the Botox injection in conjunction with a program of functional restoration, nor did the attending provider establish the presence of functional improvement as defined by the parameters established in MTUS 9792.20f with the two prior left piriformis injections with Botox. Therefore, the request was not medically necessary.