

<b>Case Number:</b>	CM15-0009572		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	01/02/1999
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 68-year-old female with a reported date of injury on 01/02/1999. The mechanism of injury was not provided within the medical records. The injured worker was diagnosed with low back pain and buttock pain, possibly secondary to a foreign body process piriformis muscle syndrome. Prior treatments included piriformis injections with Botox or anesthetic and use of casting. Diagnostic studies included prior x-rays. Surgical history included surgical intervention for carpal tunnel syndrome and excisional arthroplasty of the base of the thumb area. The primary treating physician's progress report dated 09/12/2014 noted the injured worker had low back pain which was localized to the left side over the piriformis muscle. The injured worker reported the prior trigger point injection, which was performed in June, provided her relief of piriformis muscle pain, as well as relief of radiating pain for approximately 2 and a half months. Upon physical examination, there was pinpoint tenderness of the left piriformis with positive spasms and taut muscle bands. At the visit, an injection of lidocaine without epinephrine was performed to the piriformis on the left side with positive triggering on injection. The provider indicated the injured worker was provided with a 3 month supply of Zoloft 50 mg tablets. The clinical note dated 09/30/2014 noted the left piriformis area was somewhat tender, range of motion in the lower back was reasonably good, and there was no evidence of disturbed sensation. It was noted a piriformis injection with Botox was administered on 05/22/2013 which provided several months of relief. On 03/21/2014, another piriformis injection with Botox was administered. The primary treating physician's progress report dated 12/05/2014 noted the injured worker continued to report low back pain with radicular symptoms from trigger points in

the left piriformis muscle. The provider indicated the injection performed on 09/12/2014 provided the injured worker with significant relief for approximately 2 and a half months, and the pain had been returning, which caused radicular symptoms down the leg. The provider recommended a repeat trigger point injection. It was noted that the injured worker's Zoloft continued to help with depression. Upon physical examination, there was significant tenderness upon palpation of the piriformis trigger point with positive twitch response on the left. The physician's treatment plan included recommendations for continuation of medications including Zoloft and a repeat trigger point injection. The patient recommended the piriformis injections due to pain, and Zoloft was recommended for treatment of depression. The Request for Authorization was dated 12/22/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Previous injection LT piriformis DOS with 9/12/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections and Botox. Page(s): 122, 25-26.

**Decision rationale:** The request for previous injection LT piriformis dos with 9/12/2014 is not medically necessary. The California MTUS Guidelines note trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back pain or neck pain with myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain, and there should be evidence that the symptoms have been persistent for more than 3 months. There should be evidence that the patient has failed conservative treatment prior to the request for injections. No more than 3 to 4 injections are recommended per session. Additionally, the guidelines note no repeat injections should be administered unless a greater than 50% pain relief is obtained for 6 weeks after injection and there is documented evidence of functional improvement. The California MTUS Guidelines note Botox is not recommended for trigger point injections. Per the provided documentation, the injured worker had trigger points with twitch response to the left piriformis. It was indicated that the injured worker received a piriformis injection prior to the injection administered on 09/12/2014 which provided several months of relief. There was a lack of documentation demonstrating the injured worker had 50% pain relief with the injection prior to 09/12/2014, as well as significant objective functional improvement. It was noted that the injection performed on 09/12/2014 possibly included Botox; however, from the documentation it was unclear. Therefore, clarification would be needed. As such, the request for previous injection LT piriformis dos with 9/12/2014 is not medically necessary.

**Additional trigger point injection left piriformis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections and Botox. Page(s): 122, 25-26.

**Decision rationale:** The request for additional trigger point injection left piriformis is not medically necessary. The California MTUS Guidelines note trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back pain or neck pain with myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain, and there should be evidence that the symptoms have been persistent for more than 3 months. There should be evidence that the patient has failed conservative treatment prior to the request for injections. No more than 3 to 4 injections are recommended per session. Additionally, the guidelines note no repeat injections should be administered unless a greater than 50% pain relief is obtained for 6 weeks after injection and there is documented evidence of functional improvement. The California MTUS Guidelines note Botox is not recommended for trigger point injections. Per the provided documentation, it was noted the injured worker had tenderness to palpation of the piriformis trigger points with twitch response on the left. The provider indicated the injection performed on 09/12/2014 provided the injured worker with 2 and a half months of pain relief. However, there was a lack of documentation demonstrating the injured worker had 50% pain relief, as well as significant objective functional improvement with the prior injections. Additionally, as prior injections have been performed using Botox, clarification of whether Botox would be used is needed. As such, the request for additional trigger point injection left piriformis is not medically necessary.

**Retrospective request for Zoloft 50 mg #270 with a dos of 12/5/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Page(s): 13-16.

**Decision rationale:** The request for retrospective request for Zoloft 50 mg #270 with a dos of 12/5/2014 is not medically necessary. The California MTUS Guidelines note antidepressants may be recommended as a first line option for neuropathic pain, and as a possibility for nonneuropathic pain. The guidelines indicate selective serotonin reuptake inhibitors, such as Zoloft, inhibit serotonin reuptake without action on noradrenaline. The guidelines indicate it has been suggested that the main role of SSRIs may be addressing psychological symptoms associated with chronic pain. Within the provided documentation, the physician indicated the injured worker's depression was improved with Zoloft; however, there was a lack of documentation demonstrating significant objective functional improvement with the use of the medication. There is a lack of documentation demonstrating significant improvement in depression with the use of the medication. The request as submitted did not indicate the frequency at which the medication was prescribed in order to demonstrate the medical necessity of the requested medication. As such, the request for retrospective request for Zoloft 50 mg #270 with a dos of 12/5/2014 is not medically necessary.

