

Case Number:	CM15-0107239		
Date Assigned:	06/11/2015	Date of Injury:	03/30/2002
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/03/2015

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, New York, 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 46-year-old who has filed a claim for chronic neck pain, post-traumatic headaches, major depressive disorder (MDD), and myofascial pain syndrome reportedly associated with an industrial injury of September 30, 2002. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve a request for left piriformis Botox injection with ultrasound guidance. The claims administrator referenced a May 8, 2015 RFA form and an associated progress note of May 4, 2015 in its determination. The applicant's attorney subsequently appealed. In a pain management note dated May 4, 2015, the applicant reported multifocal pain complaints, including neck pain, myofascial pain complaints, piriformis syndrome, depression, migraine headaches, post-traumatic headaches, and thoracic outlet syndrome. The applicant had undergone earlier rib resection and spinal cord stimulator implantation for alleged thoracic outlet syndrome. The applicant had received Botox injections in both the piriformis region and migraine region, the treating provider acknowledged at various points in time, including 2013. Further Botox injections involving the head were sought. The attending provider refilled Namenda, tizanidine, Lexapro, Cymbalta, Treximet and Dilaudid. Permanent work restrictions were renewed. The attending provider acknowledged that the applicant was off of work and had been deemed disabled. Bilateral piriformis trigger points injections were performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Piriformis Botox Chemodenervation Injection with ultrasound guidance as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 26.

Decision rationale: No, the request for left piriformis Botox chemodenervation injection with ultrasound guidance as an outpatient was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Botox injections are recommended for chronic low back pain in applicants in whom a favorable initial response predicts subsequent responsiveness, as an option in conjunction with the functional restoration program, here, the applicant had received multiple prior piriformis Botox injections at various points over the course of claims, without evidence of a favorable response to the same. The applicant was not, furthermore, seemingly intent on employing the proposed piriformis Botox chemodenervation procedure in conjunction with a program of functional restoration. The applicant was off of work, it was reported on May 4, 2015. The applicant remained dependent on opioid agents such as Dilaudid, it was reported on that date. The applicant was receiving both workers compensation indemnity benefits and disability insurance benefits, as noted on May 4, 2015. Permanent work restrictions were renewed, unchanged, on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior Botox chemodenervation injections in the piriformis region. Therefore, the request for a repeat left piriformis Botox chemodenervation injection was not medically necessary.