

<b>Case Number:</b>	CM15-0192134		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	11/10/2008
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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

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 32 year old male, who sustained an industrial injury on 11-10-2008. Medical records indicate the worker is undergoing treatment for lumbosacral radiculitis, lumbar disc displacement without myelopathy, spasm and sciatica. A recent progress report dated 9-14-2015, reported the injured worker complained of lower back pain rated 4-5 out of 10. Physical examination revealed lumbar range of motion of flexion 65 degrees, extension 25 degrees, and right lateral bending 25 degrees, left lateral bending 30 degrees and right piriformis tenderness. Treatment to date has included trigger point injections into the piriformis on 7-2-2015 which completely abated his pain, but now the pain has returned, chiropractic care that did not help pain, physical therapy which he obtained mild to moderate pain relief, epidural steroid injection, heat-ice, and acupuncture, Norco, Naproxen, Omeprazole and Soma. On 9-14-2015, the Request for Authorization requested Botox 100 units for fluoroscopic guided Piriformis lower back injection, one time. On 9-22-2015, the Utilization Review noncertified the request for Botox 100 units for fluoroscopic guided Piriformis lower back injection, one time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox 100 units for fluoroscopic guided Piriformis lower back injection, one time:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Botulinum toxin.

**Decision rationale:** The patient presents on 09/14/15 with lower back pain and pain in the right leg rated 4-5/10. The patient's date of injury is 11/10/08. Patient is status post trigger point injection to the piriformis muscle on 07/02/15 with pain improvement lasting 4 weeks. The request is for botox 100 units for fluoroscopic guided piriformis lower back injection, one time. The RFA is dated 09/14/15. Physical examination dated 09/14/15 reveals tenderness to palpation of the right piriformis muscle, right sided pain along the right sciatic notch, positive Frieberg and Beatty's maneuvers on the right. The provider also notes decreased sensation over the dorsum of the right foot and anterolateral right leg. The patient is currently prescribed Naproxen, Norco, Omeprazole, and Soma. Patient's current work status is not provided. MTUS Guidelines, Botulinum toxin section, pages 25-26 states the following: "Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Not generally recommended for chronic pain disorders, but recommended for cervical dystonia." Official Disability Guidelines, Low Back Chapter, under Botulinum toxin has the following: Not generally recommended. If a favorable initial response predicts subsequent responsiveness, may be an option in conjunction with a functional restoration program. Considering its high cost and the small differences compared with control treatments, its use should be reserved only for patients with pain refractory to other treatments. There is a lack of high quality studies evaluating Botox injections for patients with LBP. Among the studies that exist, there is significant heterogeneity in trial design and outcome parameters. The current body of evidence does not support the use of BoNT injections to improve pain or function in patients with LBP. There is only low quality evidence that BoNT injections are more effective than saline or corticosteroid injections or acupuncture for reducing low-back pain. The present literature has yet to address the long term benefits of BoNT injections or the cost-benefits of this therapy. Finally, published studies have not addressed how pain relief from BoNT injections translates into clinically relevant outcomes for patients with LBP. In this case, the provider is requesting a fluoroscopically guided Botox injection following a trigger point injection indicative of piriformis syndrome. MTUS and ODG do not support Botox as an appropriate trigger point injection ingredient owing to the lack of quality clinical studies, high cost, and risks associated with such a powerful medication. While the provider feels as though this patient's presentation and prior trigger point injections are suggestive of piriformis syndrome, Botox injections are not considered appropriate by guidelines for such a condition. Furthermore, the request for fluoroscopic guidance is excessive. Owing to a lack of guideline support for Botox for this patient's particular condition, the request is not medically necessary.