MAXIMUS Federal Services

Case Number:	CM14-0123355		
Date Assigned:	09/16/2014	Date of Injury:	10/27/1994
Decision Date:	10/16/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/05/2014

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, has a subspecialty in Interventional Spine 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 52 year old female with date of injury 10/27/94 injuring the lumbar spine while working as a police officer. The treating physician report dated 6/13/14 indicates that the patient presents status post right lumbar diagnostic medial branch block on 6/3/14. The patient reports that the pain went from a 6/10 to a 2/10 with the relief lasting for 8 hours. The patient states that she was having a good day on the day of the injection so she can't tell how much the injection really helped. Currently the patient is having sciatica affecting the right leg with worsening over the past couple months. The patient also notes spasms in the right buttock and proximal thigh. The physical examination findings reveal antalgic gait, sensation is decreased right L5 and S1, SLR is positive on the right, tenderness over the sciatic notch, positive FABER test on the right, spasm noted affecting the right gluteus and hamstring and 4/5 muscle strength of the right extensor hallicus longus. MRI dated 10/30/13 reveals disc bulging at L3/4 and 9/30/13 BLE EMG is normal. The current diagnoses are: 1.Sciatica2.Degeneration lumbar spine,The utilization review report dated 7/23/14 denied the request for injection trial of Botox into the right piriformis based on the ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection trial of BOTOX, into the right Piriformis x1: 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) Low Back Chapter, Updated 07/03/14: Piriformis Injection: and ODG HIp and Pelvic Chapter, updated 03/25/14: Pain Chapter (Updated 07/10/14) and Botulinum Injection:

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty))> ODG online lumbar chapter states: Piriformis injections Recommended for piriformis syndrome after a one-month physical therapy trial.

Decision rationale: 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 patient recently underwent a medial branch block injection that failed and subsequently presented to the treating physician with increased right buttock and leg pain. The physician has now decided to request a botox injection of the right piriformis. There is no documentation that the patient has failed a one month trial of physical therapy and the physician noted a positive FABER test not a positive FADIR test as outlined in the ODG guidelines. In this case the treating physician has not followed the ODG guidelines and therefore the recommendation is for denial of one botox injection to the right piriformis.