

<b>Case Number:</b>	CM13-0056009		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 20 year old female with a date of injury of March 19, 2013. Results of the injury include low back pain radiating to the right calf with sharp pain, soreness, and tingling. Diagnosis include sprain lumbar spine and Piriformis syndrome right. Treatment has included stretching and physical therapy modalities. X-rays of the lumbar spine revealed transitional anatomy. Left lumbar tilt. Disc spaces well maintained. Magnetic resonance imaging (MRI) scan of the lumbar spine revealed the lumbar lordosis is slightly straightened with minimal levoscoliosis, at L5-S1 level, there is mild posterior loss of disc height. A 2-3mm essentially protruded disc is present. Progress report dated October 29, 2013 restrictive range of motion to the lumbar spine with a positive Braggards, sciatic notch right. There was a positive Patrick's FABRE. Work status was to remain off of work until December 3, 2013. The treatment plan included a right piriformis botox chemodenervation under ultrasound guidance. Utilization review form dated November 12, 2013 non certified right piriformis Botox chemodenervation under ultrasound guidance due to noncompliance with Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT PIRIFORMIS BOTOX CHEMODENERVATION UNDER ULTRASOUND GUIDANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, Online Version, Piriformis Injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pelvis and Hip section, Piriformis syndrome

**Decision rationale:** Pursuant to the Official Disability Guidelines, right piriformis Botox chemo-denervation under ultrasound guidance is not medically necessary. Specific physical findings are tenderness in the sciatic notch and buttock pain in flexion, adduction and internal rotation of the hip. No consensus exists on overall treatment of piriformis syndrome due to lack of objective clinical trials. Conservative treatment (stretching, injections, activity modifications, ultrasound, natural healing) is successful in most cases. Injections with steroids, local anesthetics and botulinum toxin have been reported in literature for management of this condition, but no single technique is universally accepted. Localization techniques include manual localization of muscle with fluoroscopic and electromyographic guidance. The piriformis muscle after localization with a digital rectal exam, can be injected with a spinal needle. In this case, the injured worker's working diagnoses are strain lumbar spine; and piriformis syndrome right. The documentation indicates the injured worker has tenderness in the sciatic notch on the right with positive straight leg testing associated with restricted range of motion. The guidelines indicate there is no consensus on overall treatment of piriformis syndrome due to lack of objective clinical trials. Additionally, although injections with botulinum toxin have been reported in the literature no single technique is universally accepted. Consequently, because there is no consensus on overall treatment of piriformis syndrome due to lack of objective clinical trials, right piriformis Botox chemo-denervation under ultrasound guidance is not medically necessary.