

Case Number:	CM15-0013009		
Date Assigned:	01/30/2015	Date of Injury:	10/11/2011
Decision Date:	03/26/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/22/2015

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: 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 injured worker is a 37 year old female, who sustained an industrial injury on 10/11/2011. The current diagnoses are lumbosacral sprain/strain with myofascitis, lumbar radiculitis/sciatica, greater trochanteric bursitis of the right hip, piriformis syndrome of the right hip, and intractable low back and right hip pain. Currently, the injured worker complains of frequent, moderate-to-severe episodes of pain with associated muscle spasms about her low back and right hip region. Additionally, she reports weakness of the right hip and right lower extremity. Treatment to date has included medication, physical therapy, and piriformis muscle injection (7/8/2014). The treating physician is requesting Botox injection to the right hip piriformis muscle, which is now under review. On 12/18/2014, Utilization Review had non-certified a request for Botox injection to the right hip piriformis muscle. The California MTUS Chronic Pain, ACOEM, and Official Disability Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin section Page(s): 25, 26.

Decision rationale: The MTUS Guidelines do not recommend the use of Botox for chronic pain disorders, but do recommend for cervical dystonia. Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. The requesting physician explains that Botox is to be used for piriformis syndrome, which is a myofascial pain syndrome. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Botox injections is determined to not be medically necessary.