

<b>Case Number:</b>	CM15-0021123		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	12/04/2008
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old male, who sustained an industrial injury on 12/04/2008. He has reported subsequent low back, buttock and lower extremity pain and was diagnosed with lumbar disc disease, lumbar facet syndrome, right piriformis syndrome and right sacroiliac joint arthropathy. Treatment to date has included oral pain medication, piriformis injection, home exercise program, sacroiliac joint injection and medial branch block with rhizotomy. In a progress note dated 01/07/2015, the injured worker complained of low back pain with tightness and sharp pain into the right buttock and right leg/foot with burning sensation at the bottom of the foot. Objective findings were notable for right sided antalgic gait, positive right Piriformis tenderness and Piriformis stress tests, positive sacroiliac tenderness, Fabere's/Patrick, sacroiliac thrust, Yeoman's and Kemp's tests. A request for authorization of right piriformis injection with Botox and right sacroiliac joint injection was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right piriformis injection with botox:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 61-62.

**Decision rationale:** The claimant sustained a work-related injury in December 2008 and continues to be treated for right buttock and right lower extremity pain. A piriformis injection in November 2014 had resulted in 80% pain relief for four days. The claimant had undergone previous treatments for sacroiliac joint pain including intra-articular injections in June 2014 and a rhizotomy procedure in August 2014 which had resulted in 60% pain relief without reduction in medication use. When seen, pain was rated at 10/10. Physical examination findings included an antalgic gait. There was right sacroiliac joint tenderness with positive Fabere, Sacroiliac thrust, and Yeoman's tests. Authorization for a Botox injection and sacroiliac joint injection were requested. Botox is not recommended for the treatment of myofascial pain. Indications for the use of Botox include the treatment of cervical dystonia to decrease the severity of abnormal head position. Cervical dystonia is a focal dystonia and is characterized by involuntarily neck muscle contraction which causes abnormal head positioning. The presence of cervical dystonia is not documented in this case. Use of Botox in this clinical situation would potentially produce muscle weakness due to its effect at the neuromuscular junction and is not medically necessary.

**Right SI joint injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

**Decision rationale:** The claimant sustained a work-related injury in December 2008 and continues to be treated for right buttock and right lower extremity pain. A piriformis injection in November 2014 had resulted in 80% pain relief for four days. The claimant had undergone previous treatments for sacroiliac joint pain including intra-articular injections in June 2014 and a rhizotomy procedure in August 2014 which had resulted in 60% pain relief without reduction in medication use. When seen, pain was rated at 10/10. Physical examination findings included an antalgic gait. There was right sacroiliac joint tenderness with positive Fabere, Sacroiliac thrust, and Yeoman's tests. Authorization for a Botox injection and sacroiliac joint injection were requested. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In the treatment or therapeutic phase, the procedure should be repeated only as necessary and should be limited to a maximum of four times for local anesthetic and steroid blocks over a period of one year. A repeat injection would be considered only if there was more than 70% pain relief lasting for 6 weeks after the previous injection. In this case, the claimant has had some benefit from prior sacroiliac joint injections, but less than that required for a repeat procedure. The criteria are not met and the request cannot be considered as medically necessary.

