

<b>Case Number:</b>	CM15-0077783		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 35 year old male who sustained an industrial injury on March 12, 2012. He has reported injury to the right hip and buttocks and has been diagnosed with osteoarthritis local prim pelvis. Treatment has included medical imaging, medications, surgery, physical therapy, chiropractic care, and injections. Currently the injured worker complains of right hip and buttock pain. He also complained of tightness in the hamstring. The treatment request included botox injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**200 units of Botox with EMG guidance for the right pelvis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 491. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Botulinum toxin, Anthem, Botulinum Toxin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA guidelines for Botox.

**Decision rationale:** Guidelines state that Botox may be indicated for upper limb spasticity, cervical dystonia, blepharospasm, and strabismus. In this case, the patient suffers from piriformis myofascial pain syndrome. The request for Botox injection is not medically appropriate and necessary.