

Case Number:	CM14-0146762		
Date Assigned:	09/12/2014	Date of Injury:	08/06/2012
Decision Date:	11/21/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational Medicine 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:

According to MTUS guidelines, Piriformis injections may be considered with subjective/objective findings consistent with Piriformis Syndrome, lumbar spine imaging findings to exclude associated discogenic and/or osteoarthritic contributing pathology, and failure of conservative treatment. While this patient does have clinical evidence of piriformis syndrome based on exam findings, there is insufficient supporting documentation to rule out other conditions as the source of her hip pain and radiculopathy. Based on her prior history of low back pain, further studies are needed to distinguish her current symptoms from that of her preexisting lumbar spine disease. Furthermore, the guidelines suggest that a failure of conservative management, which would include oral medication and physical therapy, may support augmenting piriformis syndrome management with Botox. However, this patient reports having 30-50% pain relief from pain medication another 30-50% relief from muscle relaxers and 70% pain relief from epidural injections. When combined these interventions alone constitute a major benefit in overall pain relief and indicate that conservative therapy has been successful and should continue unless she begins to experience less relief from those options, or a significant increase in her pain above baseline. Finally, they state that the fluoroscopy would be unnecessary without the injection. Therefore, the request for BOTOX is not medically necessary for this case. It also points out that the use of Botox in the piriformis region has not proven to be efficacious. Based on the preceding review, request for Right piriformis injection with Botox with fluoroscopy and anesthesia is not medically necessary.

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 with fluoroscopy and anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum (Botox; Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Botulinum (Botox), anesthesia

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acute Piriformis Syndrome: Treatment & Medication Page(s): 25-26.

Decision rationale: According to MTUS guidelines, Piriformis injections may be considered with subjective/objective findings consistent with Piriformis Syndrome, lumbar spine imaging findings to exclude associated discogenic and/or osteoarthritic contributing pathology, and failure of conservative treatment. While this patient does have clinical evidence of piriformis syndrome based on exam findings, there is insufficient supporting documentation to rule out other conditions as the source of her hip pain and radiculopathy. Based on her prior history of low back pain, further studies are needed to distinguish her current symptoms from that of her preexisting lumbar spine disease. Furthermore, the guidelines suggest that a failure of conservative management, which would include oral medication and physical therapy, may support augmenting piriformis syndrome management with Botox. However, this patient reports having 30-50% pain relief from pain medication another 30-50% relief from muscle relaxers and 70% pain relief from epidural injections. When combined these interventions alone constitute a major benefit in overall pain relief and indicate that conservative therapy has been successful and should continue unless she begins to experience less relief from those options, or a significant increase in her pain above baseline. Finally, they state that the fluoroscopy would be unnecessary without the injection. Therefore, the request for BOTOX is not medically necessary for this case. It also points out that the use of Botox in the piriformis region has not proven to be efficacious. Based on the preceding review, request for Right piriformis injection with Botox with fluoroscopy and anesthesia is not medically necessary.