

Case Number:	CM13-0020507		
Date Assigned:	11/01/2013	Date of Injury:	04/18/2008
Decision Date:	03/04/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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:

The patient is a 48-year-old male who reported an injury on 04/18/2008. The patient is diagnosed with lumbar radiculopathy. The patient was seen by [REDACTED] on 08/14/2013. The patient reported 2 weeks of significant pain relief following trigger point injections. Physical examination revealed tenderness to palpation with decreased sensation in the L5-S1 dermatome. Treatment recommendations included Botox injections and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection for trigger points: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state injecting botulinum toxin has been shown to be effective in reducing pain and improving range of motion in cervical dystonia. There are no high quality studies that support its use in whiplash associated disorder. As per the documentation submitted, the patient does not maintain a diagnosis of cervical dystonia. There is no evidence upon physical examination of myofascial trigger points.

There is also no evidence to support the use of Botox injections for low back pain. The request for Botox injection for trigger points is not medically necessary and appropriate.