

Case Number:	CM13-0046429		
Date Assigned:	12/27/2013	Date of Injury:	04/11/2012
Decision Date:	06/02/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

The patient is a 32-year-old who was injured on April 11, 2012. She has been diagnosed with neck, mid and low back pain. According to the October 22, 2013 physiatry report from [REDACTED], the patient presents with neck pain, low back pain and mid back pain. She only takes over-the-counter medications. Pool therapy was denied. Exam reveals paraspinal spasms with tender areas in the supraspinatus, rhomboids and lower lumbar facets. The plan was for trigger point injections with Botox by a neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR UNKNOWN TRIGGER POINT INJECTIONS WITH BOTOX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: The patient is reported to have neck, mid back and low back pain. I have been asked to review for trigger point injections with Botox. MTUS guidelines states trigger point injections with local anesthetic may be used for the neck and back if all the criteria is met. The first criterion is that there must be documentation of circumscribed trigger points with

evidence upon palpation of a twitch response as well as referred pain. The physical exam did not identify any trigger points. MTUS also states that trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. The request for unknown trigger point injections with botox is not medically necessary or appropriate.