

Case Number:	CM13-0059467		
Date Assigned:	12/30/2013	Date of Injury:	02/09/1999
Decision Date:	04/10/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/02/2013

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 Medicine and is licensed to practice in Texas. 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 52-year-old female who reported an injury on 02/09/1999. The patient was reportedly injured when she bent over to pick up a piece of paper from the floor. The patient is currently diagnosed with postlaminectomy syndrome, neuropathy, probable piriformis and status post lumbar fusion in 2007. The patient was seen by [REDACTED] on 10/24/2013. The patient reported persistent lower back pain. Physical examination revealed limited range of motion and tenderness to palpation with a positive straight leg raise. Treatment recommendations included Botox injections every 3 to 4 months as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Botulinum toxin (Botox®).

Decision rationale: MTUS/ Low Back Complaints ACOEM Practice Guidelines state that invasive techniques, such as local injections, are of questionable merit. The Official Disability

Guidelines state that Botox is currently under study for chronic low back pain. If a favorable initial response predicts subsequent responsiveness, Botox is recommended as an option in conjunction with a functional restoration program. As per the documentation submitted, the patient has previously been treated with Botox injections. However, documentation of objective functional improvement following the initial injection was not provided. Although it was stated that the patient reported 75% relief, there is no objective evidence to support a repeat injection. Based on the clinical information received, the request is not medically necessary.

UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

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

Decision rationale: The California MTUS/Neck and Upper Back Complaints ACOEM Practice Guidelines state that invasive techniques, such as local injections, are of questionable merit. The Official Disability Guidelines state that Botox is currently under study for chronic low back pain. If a favorable initial response predicts subsequent responsiveness, Botox is recommended as an option in conjunction with a functional restoration program. As per the documentation submitted, the patient has previously been treated with Botox injections. However, documentation of objective functional improvement following the initial injection was not provided. Although it was stated that the patient reported 75% relief, there is no objective evidence to support a repeat injection. Based on the clinical information received, the request is not medically necessary.