

Case Number:	CM14-0000453		
Date Assigned:	01/22/2014	Date of Injury:	02/01/2002
Decision Date:	11/17/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with date of injury on February 1, 2002. A utilization review determination dated January 4, 2013 recommends noncertification for repeat lumbar Botox injections. A letter which is undated states "the Botox injections are the only thing that has given me relief. I have explained this to (illegible). They spend more money trying not to give me the injections than they would to give them to me." A report dated August 21, 2013 states "he has had intermittent but appropriate injections of Botox." The note goes on to state why Zanaflex should be provided to the patient due to lumbar spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LUMBAR BOTOX INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar and Thoracic (Acute and Chronic)

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

Decision rationale: Regarding the request for botulinum toxin, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders,

but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." Within the documentation available for review, the requesting physician has suggested that the botulinum toxin will be injected for the patient's myofascial low back pain. Clearly, Chronic Pain Medical Treatment Guidelines do not support the use of botulinum for this diagnosis. Finally, no diagnoses listed in the documentation provided for review include a diagnosis of cervical dystonia. As such, the currently requested botulinum toxin is not medically necessary.