

<b>Case Number:</b>	CM14-0018003		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	02/09/1999
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 & Rehabilitation 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 injured worker is a 53 year old female who reported an injury on 02/09/1999 after she bent over to pick up a piece of paper from the floor. The injured worker reportedly sustained an injury to her low back. The injured worker ultimately underwent lumbar fusion at the L5-S1 level in 2007. The injured worker's postsurgical chronic pain was managed with medications, injections, and activity modifications. The injured worker was evaluated on 01/30/2014. It was documented that the injured worker had previously undergone Botox injections in the management of chronic pain in 2013. It was documented that the injured worker had received 75% improvement in pain levels as a result of that injection; however, pain was beginning to return. The injured worker's treatment plan included an additional piriformis injection with Botox.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BOTOX INJECTION QTY: 6.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , BOTULINUM TOXIN, 25,26

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

**Decision rationale:** The MTUS Chronic Pain Guidelines does not recommend the use of Botox injections in the management of chronic pain as there is no significant scientific evidence to support the efficacy and safety of this treatment as a long term treatment for chronic pain. The MTUS Chronic Pain Guidelines primarily supports the use of Botox injections for injured workers with cervical dystonia. The clinical documentation submitted for review does not provide any evidence that the injured worker has a diagnosis of cervical dystonia. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the request is not medically necessary and appropriate.

**FLUOROSCOPIC GUIDANCE QTY: 6.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.