

<b>Case Number:</b>	CM14-0135844		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 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 injured worker is a 47-year-old male who reported an injury on 05/15/2009. The mechanism of injury was not provided. On 02/05/2014, the injured worker presented with low back pain, left knee pain, and left ankle pain. Upon examination of the lumbar spine there was tenderness to palpation over the mid line, left paraspinal muscles, left sciatic notch, and right gluteal area. There was radiating pain to the posterolateral aspect of the right thigh. There was bilateral hamstring tightness and decreased sensation associated with numbness and tingling to the lateral aspect of the right calf and all the toes of the right foot. Examination of the left ankle revealed tenderness over the anterior medial aspect of the left ankle with stairs. The diagnoses were cephalgia, lumbar sprain/strain, lumbar spine multiple disc herniations, lumbar spine partial discectomy and laminectomy, lumbar spine L4-5 anterior posterior fusion with revision of the right side decompression, lumbar spine paralumbar fusion at the L4-5 level, left knee strain, left ankle inversion injury, and stress and anxiety. Prior therapy included medications and acupuncture treatment. The provider recommended Botox injections. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Botox 100 unit injections:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc), Page(s): 25-26..

**Decision rationale:** The request for 2 Botox, 100 unit injections, is not medically necessary. The California MTUS Guidelines state that current evidence does not support the use of Botox trigger point injections for myofascial pain. It is, however, recommended for cervical dystonia, a condition that is not generally related to Workers' Compensation, and it is categorized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. There is insufficient medical documentation included to suggest that the injured worker has cervical dystonia. As such, the request is not medically necessary.