

Case Number:	CM14-0185838		
Date Assigned:	11/13/2014	Date of Injury:	03/28/2013
Decision Date:	12/22/2014	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/07/2014

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 Emergency Medicine and is licensed to practice in New York. 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 44-year-old female who was injured on March 28, 2013. The patient continued to experience pain in her neck and back. Physical examination was notable for relatively good range of motion of the cervical spine, mild to moderate tenderness to the anterior shoulder, and moderate swelling over the lateral lower neck and upper trapezius area. Diagnoses included headache, neck pain, left upper extremity pain, low back pain, and left shoulder pain. Treatment included medications, chiropractic therapy, physical therapy, cervical epidural steroid injections, and acupuncture. Requests for authorization for Botox injections to the lumbar paraspinals and post injection physical therapy #4 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections 300ml to the lumbar paraspinals QTY: 1.00: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that Botox is not generally recommended for chronic pain disorders. It is not recommended for tension type headache,

migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. It is recommended as an option for chronic low back pain, if the initial response is favorable and it is used in conjunction with a functional restoration program. In this case the patient is not participating in a functional restoration program. Conditions for using botox have not been met. The request is not medically necessary and appropriate.

Post injection physical therapy visits x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 25-26, 98-99.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, Transcutaneous Electrical Nerve Stimulation (TENS) units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. (ODG) Official Disability Guidelines states that physical therapy is more effective in short-term follow-up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the physical therapy is requested as an adjunct therapy to reeducate the lumbar muscles after the botox injections. The botox injections are not recommended. Physical therapy post-injection is not indicated. The request is not medically necessary and appropriate.