

<b>Case Number:</b>	CM14-0022011		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	03/05/2001
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 51-year-old female who reported an injury on 03/05/2001. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 01/15/2014 reported the injured worker had her medication of gabapentin increased which did not relieve any symptoms of low back pain. The injured worker reported prolonged driving to spend Christmas with family caused excruciating flare of pain rated 10/10. The injured worker reported unable to do any household chores which was very painful and caused pain which she rated 8/10. Upon the physical exam, the provider noted knees crepitus, tenderness. The provider noted 16/18 positive tender trigger point. The injured worker had diagnoses of fibromyalgia, lumbar spondylosis. The provider requested Botox trigger point injections 200 units times 5 with 40 units each for the lower left lumbar for significant pain relief and increase ability to activities of daily living. The Request for Authorization was not provided in the clinical documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BOTOX TRIGGER POINT INJECTIONS 200 UNITS X 5 (40 UNITS EACH) FOR THE LOWER LEFT LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BOTULINUM TOXIN (BOTOX).

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

**Decision rationale:** The request for Botox trigger point injections 200 units times 5 with 40 units each for the lower left lumbar is non-certified. The injured worker complained of excruciating pain rated 10/10 over the Christmas holiday. The injured worker reported she was unable to do household chores which increased pain to 8/10. The injured worker reported low back pain was not any better with increased Gabapentin. The California MTUS Guidelines do not generally recommend Botox for chronic pain disorders, but recommended for cervical dystonia. The guidelines also note that studies have found no statistical support for the use of Botox for injection in myofascial trigger points as compared to dry needling or local anesthetic injections. The guidelines note Botox injections for chronic low back pain if a favorable initial response predicts subsequent or responsiveness, as an option in conjunction with functional restoration program. The guidelines note Botox required a favorable initial response predicting the subsequent responsiveness. There is a lack of documentation indicating the injured worker to have a diagnostic trigger point block soothing local anesthetics to have been performed in preparation for Botox injections as recommended by the guidelines. Therefore, the request for Botox trigger point injections 200 units times 5 with 40 units each for the lower left lumbar is not medically necessary.