

<b>Case Number:</b>	CM14-0022630		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/08/2011
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 64-year-old male who reported an injury on 05/09/2011. The mechanism of injury was not provided in the medical records. His diagnoses include musculoligamentous strain of the lumbar spine with left piriformis syndrome, lumbar herniated disc disease, and internal derangement of the left knee. His previous treatment included physical therapy, medications, and injections. Within the clinical note dated 01/02/2014, the physician reported the patient had seen [REDACTED] on 10/09/2013 and he recommended a Botox injection. The injured worker has continued to have complaints of pain in the left lower back and left leg radicular pain. He cannot perform heavy lifting, bending, or stooping activities. He has been taking Norco for relief of his symptoms. On physical examination the physician reported tenderness to palpation over the paravertebral muscles and a positive straight leg raise and compression test. There was decreased sensation in the S1 dermatomes of the left lower extremity. The treatment plan included a refill for Norco and Ambien. The current request is for Botox injections. The rationale was not provided for the request. The request for authorization was provided on 01/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BOTOX INJECTIONS:** Upheld

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

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

**Decision rationale:** The current request for Botox injections is non-certified. The California MTUS Guidelines state that botulinum toxin (Botox; Myobloc) is not generally recommended for chronic pain disorders, but are recommended for cervical dystonia. The clinical documentation provided indicated the injured worker has continued to complain of low back pain radiating into his lower extremity, and has been treated with medications without improvement to his symptoms. The guidelines indicate that Botox is not recommended for chronic pain disorders. Also, the current request did not indicate the area the Botox injections were to be administered. As such, the request for Botox injections is non-certified.