

Case Number:	CM14-0044065		
Date Assigned:	07/02/2014	Date of Injury:	03/05/2001
Decision Date:	10/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52-year-old female who reported an injury on 03/05/2001 due to an unknown mechanism. Diagnoses were fibromyalgia, lumbar spondylosis, knee osteoarthritis. Past treatments were medications, home exercise program, Botox injections in 03/2012, and it was reported by the injured worker that she had significant pain relief and increased range of motion. Diagnostic studies were not reported. Surgical history was right carpal tunnel release. Physical examination on 03/12/2014 revealed complaints of generalized pain as severe as 8/10 to 9/10. The injured worker's gabapentin was increased about a month ago and she still complained low back pain was no better. Examination of the knees revealed crepitant and painful. Tender trigger points with taut bands. Medications were gabapentin. Treatment plan was to request authorization for Botox injections to the lower back. The rational and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 200 units: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Botulinum Toxin (Botox)

Decision rationale: The decision for Botox 200 units is not medically necessary. The Official Disability Guidelines state Botox is under study for chronic low back pain, if a favorable initial response predicts subsequent responsiveness as an option in conjunction with a functional restoration program. Considering its high cost and the small differences compared with controlled treatments, its use should be reserved only for patients with pain refractory to other treatments. There are also potentially significant side effects including death. Botulinum neurotoxin is considered for low back pain in this systematic review. Paravertebral administration of Botulinum Toxin A in patients with chronic low back pain may relieve pain and improve function. Initial data from small trials suggest that Botulinum Toxin is effective, alleviating back pain in selected patients. The medical guidelines state that Botox injections are an option in conjunction with a functional restoration program. It was not reported that the injured worker was going to attend a functional restoration program. It was not reported that the injured worker was going to followup with physical therapy. It was not reported that the injured worker had previous injections to the lumbar spine. The only medication reported for the injured worker was gabapentin. There were no significant factors provided to justify this procedure. Therefore, the request is not medically necessary.

Trigger point injections x 5 injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>

Decision rationale: The decision for Trigger point injections x 5 injections is not medically necessary. The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, and that symptoms have persisted for more than 3 months, and a medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. Radiculopathy should not be present by exam, imaging or neuro testing, and there are to be no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. Additionally, they indicate that the frequency should not be at an interval less than 2 months. It was not documented from the physical examination that there was a twitch response from palpation. It is unknown if the injured worker had radicular pain because specialty testing was not done. Therefore, the request is not medically necessary.

