

<b>Case Number:</b>	CM14-0062948		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/16/2001
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Nevada. 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 59 year-old female who was reportedly injured on 7/16/2001. The mechanism of injury is not listed. The most recent progress note, dated 5/6/2014, indicates that there are ongoing complaints of low\buttock pain. The physical examination demonstrated musculoskeletal: full range of motion. No swelling of the major joints. Neurologic exam is grossly intact. Diagnostic imaging studies include mention of computed tomography scan of the sacred dated 5/6/2014 which revealed sacral-cuts until severe subluxation with 50 anterior displacement likely old fracture of S5 with Malunion. Previous treatment includes shoulder injections, previous surgeries, medications, and conservative treatment. A request was made for Botox Injection Therapy for the right Lower Extremity/ right obliques, Transversus, Semimembranosis, flexor digitorum longus, flexor hallucis longus, Soleus, tensor fasciae latae, 2 Vials of 100 units as an outpatient and was not certified in the pre-authorization process on 4/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Botox Injection Therapy for the right Lower Extremity/ right obliques, Transversus, Semimembranosis, FDL, FHL, Soleus, TFL, 2 Vials of 100 units as an outpatient: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26 of 127.

**Decision rationale:** Official Disability Guidelines guidelines support Botox injections for prevention of chronic migraine headaches. After review the medical documentation provided as well as guidelines there were no subjective or objective clinical findings on physical exam to support the need for the above requested procedure. Therefore, this request is deemed not medically necessary.