

<b>Case Number:</b>	CM14-0187893		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	02/28/1975
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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 62-year old male with a work injury dated 2/28/1975. The diagnoses include chronic low back pain with a history of a lumbar fusion in 2010 at L5-S1. Under consideration are requests for lumbar paraspinal muscle injection of Botox 400 units and physical therapy x 4 sessions. There is a primary treating physician progress report dated 10/15/14 that states that the patient has severe chronic low back pain. He is happy with the return of his medications. He is doing well with Oxycontin twice a day and Percocet 4-6 times as day as needed. He has now been able to go back to work full time because of the medications and is staying more active in general. His pain is reduced from 10/10 to 4/10 with the medications. He has no side effects or aberrant behaviors. The treatment plan included keeping the medications the same. He is back at work full time. There was a discussion regarding Botox injected into the lumbar paraspinal muscles and a short course of physical therapy to rehabilitate the muscles and teach the patient new stretching techniques. There is an appeal dated 11/18/14 from the providing physician for the denial of Botox stating the Botox may reduce the medications that the patient requires. Additionally the short course of therapy was to help the patient following the Botox for muscle reeducation and range of motion exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar paraspinal muscle injection of Botox 400 units:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Botulinum toxin (Botox®)

**Decision rationale:** Lumbar paraspinal muscle injection of Botox 400 units is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Botox can be used for chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. The MTUS states that Botulinum neurotoxin may be considered for low back pain (Level C evidence). The ODG states that Botulinum injections are under study for chronic low back pain. The ODG states that considering its high cost and the small differences compared with control treatments, its use should be reserved only for patients with pain refractory to other treatments. There are also potentially significant side effects including death. The documentation indicates that the patient has not been refractory to other treatments. The patient is back at work full time and is doing well with his medication management. The ODG guidelines indicate that there are potential significant side effects with this treatment and it should be used as a last resort when pain is refractory to other treatment. The request for lumbar paraspinal muscle injection of Botox 400 units is not medically necessary.

**Physical Therapy x 4 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** Physical Therapy x 4 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had prior physical therapy. The patient should be versed in a home exercise routine. The documentation indicates that the request for physical therapy was to accompany the Botox injections in the lumbar spine which were deemed not medically necessary. The request therefore for physical therapy x 4 is not medically necessary.