

Case Number:	CM14-0199838		
Date Assigned:	12/10/2014	Date of Injury:	03/28/2007
Decision Date:	02/12/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 3/28/07. A utilization review determination dated 11/6/14 recommends non-certification/modification of Botox and PT. 10/23/14 medical report identifies low back and BLE pain. Tramadol helps somewhat as well, but he continues to struggle quite a bit. On exam, there is tenderness, mild antalgic gait, and positive SLR bilaterally with shooting pains into his posterior thigh. Recommendations include Ultram, Ambien, gabapentin, Botox for the low back, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections 400 units lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic)

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

Decision rationale: Regarding the request for botulinum toxin, Chronic Pain Treatment Guidelines state that botulinum toxin is recommended for chronic low back pain as an option in conjunction with a functional restoration program if a favorable initial response predicts

subsequent responsiveness. Within the documentation available for review, there is no indication that the patient is participating in a functional restoration program with a favorable initial response to injection. In the absence of such documentation, the currently requested botulinum toxin is not medically necessary.

4 physical therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous PT sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.