

Case Number:	CM14-0204450		
Date Assigned:	12/16/2014	Date of Injury:	05/15/2009
Decision Date:	02/06/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, 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 May 15, 2009. A utilization review determination dated November 24, 2014 recommends noncertification of Botox injections and physical therapy 6 sessions. A letter of appeal dated December 3, 2014 states that the patient has tried other conservative treatments including physical therapy, chiropractic care, massage, and lumbar surgery. The note goes on to quote California MTUS guidelines stating that "botulinum neurotoxin may be considered for low back pain." The note indicates that physical therapy is recommended it to "help the patient following Botox injection." A progress report dated November 6, 2014 identifies subjective complaints of low back pain. He states that bending and twisting has flared up his lower back pain. He has numbness and tingling that radiates down the right leg but the back pain is worse than the leg pain. He states that Norco was taking the pain away for 4 hours or so. Objective findings revealed decreased lumbar spine range of motion with lumbar paraspinous spasm and some pain with facet loading and oblique extension. Diagnoses include chronic right ankle pain, right hip and groin pain, nonindustrial right and left knee pain, and right sided low back pain. The treatment plan recommends continuing Norco, urine drug screen, Botox injections for chronic low back pain, and 6 physical therapy sessions following the Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections 400 units, low back: 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 Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Botox.

Decision rationale: Regarding the request for Botox for treatment of low back pain, Chronic Pain Medical Treatment Guidelines state that Botox may be considered in conjunction with a functional restoration program. ODG also states that it should be used in conjunction with a functional restoration program and reserved for patients with pain refractory to other invasive treatments. Within the documentation available for review, there is no indication that the patient is involved in a functional restoration program or that the patient has failed other invasive treatment options. The note indicates that the patient has tenderness to palpation over the facet joints and positive facet loading, but there is no indication that the patient has undergone other invasive treatments such as medial branch blocks or facet injections in an attempt to address those issues. As such, the currently requested Botox injections for the low back are not medically necessary.

Physical therapy, low back, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears the physical therapy is being requested in conjunction with Botox injections. Since the Botox injections are not medically necessary, the associated physical therapy is also not medically necessary.