

<b>Case Number:</b>	CM14-0207936		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 8/11/11. A utilization review determination dated 12/8/14 recommends non-certification/modification of Botox injection lumbar spine and orthopedic consultation. PT was certified. 11/13/14 medical report identifies pain in the right shoulder/trapezius, low back with radiating down the BLE, bilateral groin, and hips. On exam, there is limited ROM, tenderness, and SLR with increasing low back pain and some proximal radiating into lower extremities. There was diffuse give-way weakness in all four extremities with no myotomal pattern deficits. Recommendations include PT, Botox, and orthopedic consultation for evaluation of the hip joints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One botox injection 300 units to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Mobicotic) Page(s): 25-26.

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

**Decision rationale:** Regarding the request for Botox, 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 Botox is not medically necessary.

**Orthopedic consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, page 127; Official Disability Guidelines (ODG), Low Back, Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, Page 127

**Decision rationale:** Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the request is made for evaluation of the hips per the medical report, but there are no red flags or positive examination findings suggestive of hip pathology. While specialty evaluation may be reasonable after exhaustion of initial conservative management, there is a pending course of physical therapy, which, if successful, may obviate the need for specialty evaluation. In light of the above issues, the currently requested consultation is not medically necessary.