

Case Number:	CM14-0208414		
Date Assigned:	12/22/2014	Date of Injury:	11/28/2008
Decision Date:	02/17/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	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 Internal 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:

The patient is an injured worker with chronic low back pain. Date of injury was 11/28/2008. The primary treating physician's progress report dated October 27, 2014 documented subjective complaints of chronic low back pain. The patient was evaluated of lower back pain. He also was complaining of shoulder pain, which is related to 1999 injury. He tells me that he did undergo rotator cuff and labrum repair back in 1999. His shoulder has been causing him more problems lately. He does not know if this is increased since the accident when he is bent over backwards or if it is possibly aggravated from using his cane. He understands that the 11/28/2008 injury is primarily in the lower back. The patient did receive the cane since his last visit and this is helping with his gait. He is walking with the assistance of a cane. He is sedentary and able to do any activities. When he takes the medications, the pain starts dropping down. He is able to get out of bed, move around. He can get dressed. He can take a shower, start cooking his breakfast, and get on with his activities of daily living. Objective findings were documented. The patient is walking with the assistance of a cane. He does have pain with lumbar extension as well as lumbar flexion. His right shoulder range of motion is 100 degrees of abduction, 100 degrees of flexion. With the left shoulder, he is only able to abduct to about 90 degrees. Flexion is also about 90 degrees. Diagnosis was chronic low back pain, right lower extremity pain with weakness at right leg. MRI magnetic resonance imaging of the lumbar spine done 11/22/2013 shows multiple small bulging disks overall mildly worsened since 2009, mild bilateral L3-L4 and L5-S1 neuroforaminal narrowing, and scattered facet arthropathy overall mildly worsened. The patient does have chronic low back pain. Botox injections for chronic low back pain was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection, 400 units for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc), Functional restoration programs (FRPs) Page(s): 25-26, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Botulinum toxin (Botox®); ACOEM 3rd Edition. Low back disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796. Table 2: Summary of Recommendations

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses Botox Botulinum toxin. The MTUS Chronic Pain Medical Treatment Guidelines indicates that Botox Botulinum toxin is not generally recommended for chronic pain disorders. Botox is not recommended for fibromyositis, myofascial pain syndrome, or trigger point injections. For chronic low back pain, Botox as an option in conjunction with a functional restoration program (FRP). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines (ODG) notes that a number of studies have evaluated the effectiveness of botulinum toxin type A in the treatment of back and neck pain, and the manufacturer is planning on pursuing FDA approval of botulinum toxin for this indication, but there is currently insufficient scientific evidence of the effectiveness of botulinum toxin in the treatment of back pain. There are potentially significant side effects including death. A boxed warning now highlights the possibility of experiencing potentially life-threatening distant spread of toxin effect from the injection site after local injection. ACOEM 3rd Edition does not recommend Botulinum injections for low back disorders. The Work Loss Data Institute guidelines for the low back indicate that Botox Botulinum toxin is not recommended. The primary treating physician's progress report dated October 27, 2014 documented chronic low back pain. Enrollment in a functional restoration program (FRP), which is an MTUS requirement for Botox use for low back pain, is not documented. ACOEM, the ODG, and the Work Loss Data Institute guidelines do not support the use of Botox Botulinum toxin for low back disorders. Therefore, the request for Botox injection, 400 units for the lumbar spine is not medically necessary.