

Case Number:	CM14-0208778		
Date Assigned:	12/22/2014	Date of Injury:	08/19/2004
Decision Date:	02/27/2015	UR Denial Date:	11/14/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

61 y/o male injured worker with a date of injury of 8/19/04 and related low back pain with radiating symptoms to the right lower extremity. MRI of the lumbar spine dated 07/29/2009, shows degenerative disk changes at multiple levels. L2-L3 and L3-L4 shows right foraminal stenosis due to inferior foraminal disk bulging at endplate and osteoarthritic ridging reducing foraminal dimensions. Per physical examination, injured worker had tenderness to midline at the lumbosacral junction, pain with lateral bending, lumbar paraspinal spasms bilaterally, and pain with lumbar facet loading. Straight leg raise in the seated position was negative bilaterally. Treatment to date has included physical therapy and medication management. The UR decision is dated 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

400 Units of Botox injections to the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 26.

Decision rationale: Aforementioned MTUS citation supports chemodenervation with botulinum toxin for lower back pain only in conjunction with a Functional Restoration Program/FRP. At the time of the request, the injured worker was not participating in an FRP, nor was there documentation of plans to initiate this. Therefore, this request is not medically necessary.