

<b>Case Number:</b>	CM14-0212277		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	02/16/2005
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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 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 patient sustained an injury on 2/16/2005 while employed by [REDACTED]. Request(s) under consideration include Botox injection, 300 units. Diagnoses include low back and left lower extremity pain; and s/p left shoulder arthroscopy in 2008. Conservative care has included medications, therapy modalities, medial branch blocks, RFA of lumbar facets, LESI, CESI, and modified activities/rest. Medications list Hydrocodone, Gabapentin, and Tizanidine. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/20/14 from the provider noted continued low back pain radiating to the proximal buttocks and into the thigh. Exam showed unchanged findings of limited lumbar range with spasm bilaterally; and intact bilateral lower extremity motor strength. The request(s) for Botox injection, 300 units was non-certified on 12/15/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injection, 300 units:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Botulinum toxin (Botox®), pages 376-377.

**Decision rationale:** This patient sustained an injury on 2/16/2005 while employed by [REDACTED]. Request(s) under consideration include Botox injection, 300 units. Diagnoses include low back and left lower extremity pain; and s/p left shoulder arthroscopy in 2008. Conservative care has included medications, therapy modalities, medial branch blocks, RFA of lumbar facets, LESI, CESI, and modified activities/rest. Medications list Hydrocodone, Gabapentin, and Tizanidine. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/20/14 from the provider noted continued low back pain radiating to the proximal buttocks and into the thigh. Exam showed unchanged findings of limited lumbar range with spasm bilaterally; and intact bilateral lower extremity motor strength. The request(s) for Botox injection, 300 units was non-certified on 12/15/14. Per Guidelines, Botox injection for chronic low back complaints did not significantly reduce visual analog scale scores; furthermore, the treatments did not result in a significant improvement of patients' daily life activities or psychological status. It was noted that considering its high cost and the small differences compared with control treatments, the use of Botox should be reserved only for patients with pain refractory to other invasive treatments not demonstrated here in submitted reports. The patient has no report of failed conservative treatment, acute flare-up, progressive deficits or deteriorating limitations in ADLs to support its use. There are also potentially significant side effects including death. The Botox injection, 300 units is not medically necessary and appropriate.