

<b>Case Number:</b>	CM14-0216450		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 injured worker (IW) is a 33-year-old man with a date of injury of June 4, 2013. The mechanism of injury occurred as a result of wearing a vest and belt. The injured worker's working diagnoses are concern for painful scarring or fibrosis or painful scar granuloma, less likely scar neuroma; and abdominal muscle spasm. The IW underwent an umbilical hernia repair without mesh in October of 2013. MRI of the abdomen without contrast dated December of 2013 noted broadband and moderate scarring and fibrosis. There was no evidence of recurrent hernia or sarcoma. The IW underwent excision of a suture granuloma in April 2014. Pursuant to the progress noted dated November 26, 2014, the IW notes pain, which is worse when he wears his vest and belt. The pain is rated 5/10. Examination of the abdomen reveals tenderness to palpation and spasm of the rectus abdominis muscle. Documentation indicates the IW had great improvement (80%) from a steroid injection on the prior visit. The treating physician reports the IW is now status post three (3) steroid injections. The provider states that further steroid injections may increase the injured worker's risk of steroid-induced myopathy. For that reason, the treating physician is requesting Chemo-denervation of abdominal muscle spasm adjacent to scar with Botox injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chemodenervation of abdominal muscle spasm adjacent to scar with botox injection:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Pain section, Botox

**Decision rationale:** Pursuant to the Official Disability Guidelines, chemo-denervation of abdominal muscle spasm adjacent to scar with Botox injection is not medically necessary. Botox is not recommended for most chronic pain conditions. Botox is not recommended for tension type headache, fibromyositis, or chronic neck pain, myofascial pain syndrome, and trigger point injections. See the guidelines for additional details. In this case, the injured worker's working diagnoses are concern for painful scarring or fibrosis or painful scar granuloma, less likely scar neuroma, and abdominal muscle spasm. The injured worker underwent umbilical hernia repair without mesh in October 2013. An MRI of the abdomen dated December 2013 noted a broadband and moderate scarring and fibrosis at the hernia site. The medical record documents the injured worker had great improvement (80%) from the spheroid injection on the prior visit. The treating physician indicated the injured worker's status post three steroid injections. The treating physician indicated for the steroid injections may increase the injured workers risk of steroid induced myopathy. There is no discussion in the medical record as to the steroid doses administered to the injured worker. Additionally, as noted above, the injured worker had great improvement (80%) on the prior visit. Botox is not recommended for most chronic pain conditions. There is no clinical rationale in the medical record to warrant a Botox injection in the chemo- denervation of the abdominal muscle spasm adjacent to the scar when the injured worker had significant improvement with the local steroid injection. Consequently, absent clinical documentation with an 80% improvement post steroid injection and guideline recommendations in contravention of Botox, chemo denervation of abdominal muscle spasm adjacent to the scar with Botox injection is not medically necessary.