

Case Number:	CM15-0004016		
Date Assigned:	01/15/2015	Date of Injury:	11/28/2008
Decision Date:	03/23/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/08/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 54-year-old male who reported an injury on 11/28/2008. The mechanism of injury involved heavy lifting. The current diagnoses include chronic low back pain with right lower extremity weakness and constipation. The latest physician progress report submitted for review is documented on 10/27/2014. The injured worker presented with complaints of persistent shoulder and low back pain. The current medication regimen includes OxyContin 20 mg, morphine sulfate 15 mg, baclofen, trazodone 50 mg, and Wellbutrin 150 mg. Upon examination, there was pain with lumbar extension and flexion. There was 100 degree right shoulder abduction with 100 degree flexion. There was only 90 degree flexion and abduction of the left shoulder. Recommendations at that time included continuation of the current medication regimen, as well a Botox injections for chronic low back pain. A Request for Authorization form was then submitted on 11/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection treatment of nerve: 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 Page(s): 25-26.

Decision rationale: California MTUS Guidelines do not recommend Botox injections for chronic pain disorders. They are recommended for cervical dystonia. The injured worker does not maintain a diagnosis of cervical dystonia. The medical necessity has not been established. Additionally, the current request does not include a specific type of injection or a specific body part. Given the above, the request is not medically appropriate in this case.