

Case Number:	CM15-0007572		
Date Assigned:	01/22/2015	Date of Injury:	09/25/2009
Decision Date:	03/24/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/13/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 38-year-old male who reported an injury on 09/25/2009. The mechanism of injury was lifting. He is diagnosed with chronic pain syndrome and lumbar radiculopathy. His past treatments have included epidural steroid injections, medications, physical therapy and home exercise. The injured worker's symptoms include low back pain and radiating symptoms down the left lower extremity. Objective findings included tenderness in the lumbar paraspinal muscle with spasm, a positive left sciatic notch and decreased range of motion in all planes. Botox injections were recommended for his generalized low back pain as he had tried conservative alternative treatments and the provider wanted to see if Botox could relieve some of his pain and discomfort. Physical therapy was recommended to be performed after the Botox injections to re-educate the muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 500 Unit For Bilateral Lumbar Erector Spinae: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): July 2012.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Botox Injection

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

Decision rationale: According to the California MTUS Guidelines, Botox is not recommended for chronic pain disorders, but may be recommended for cervical dystonia. The guidelines also specifically state Botox is not recommended for tension type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome and trigger point injections. The patient was noted to have low back pain and was recommended for Botox injections. However, as the guidelines specifically state Botox is not recommended for myofascial pain or chronic pain, the request is not supported. As such, the request is not medically necessary.