

Case Number:	CM15-0007624		
Date Assigned:	02/06/2015	Date of Injury:	08/17/2009
Decision Date:	03/26/2015	UR Denial Date:	12/15/2014
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
 Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 8/17/09. He has reported low back pain. The diagnoses have included chronic low back pain, history of lumbar fusion 10/2011, and status post spinal cord stimulator 12/2013. Treatment to date has included medications, diagnostics, and surgery. Currently, the injured worker complains of persistent low back pain with radicular symptoms into lower extremities. He states that the neurontin dose increase has improved the neuropathic pain. He also has good relief with oxycontin and Norco. He also has a spinal cord stimulator which causes pain when he lies on the right side. Physical exam revealed tenderness to palpation over the site of the spinal cord stimulator. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 1/2013 revealed posterior disc at L5-S1 and surgery at this level. Work status is restricted to no lifting over 15 pounds and no frequent bending or stooping. Request is for lumbar botox injections and 8 sessions of physical therapy to be used in conjunction with the injections. On 12/15/14 Utilization Review non-certified a request for 8 sessions physical therapy for lumbar spine and Lumbar Botox injection 400 units, noting that regarding the 8 sessions physical therapy for lumbar spine, at this point the injured worker would have been anticipated to have fully transitioned to a self-directed Home Exercise Program (HEP). The medical necessity has not been established. Regarding the Lumbar Botox injection, there was no evidence of ongoing participation in therapy and medical necessity was not substantiated. The Official Disability Guidelines (ODG) and (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions physical therapy for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: According to the MTUS guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The patient is followed for chronic back pain and has undergone prior physical therapy treatments. By now, the injured worker should be well versed in an independently applied home exercise program to consist of stretching, strengthening and range of motion exercises. The medical necessity of additional formal physical therapy treatments in lieu of a home exercise regimen is not established. The request for 8 sessions of physical therapy for lumbar spine is not medically necessary.

Lumbar botox injection 400 units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Botulinum toxin (Botox)

Decision rationale: According to the MTUS guidelines, Botulinum toxin is not generally recommended for chronic pain disorders. According to the Official Disability Guidelines, recent research has noted lack of high quality studies evaluating botox injections for patients with low back pain. The current body of evidence does not support the use of botox injections to improve pain or function in patients with low back pain. There is only low quality evidence that botox injections are more effective than saline or corticosteroid injections or acupuncture for reducing low-back pain. The Official Disability Guideline's also note that there are also potentially significant side effects including death with Botox injections. Given these factors, the request for Botox injections is not supported. The request for lumbar botox injection 400 units is not medically necessary.