

Case Number:	CM15-0009478		
Date Assigned:	01/27/2015	Date of Injury:	10/15/2010
Decision Date:	03/17/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 46 year old male, who sustained an industrial injury on October 15, 2010. His diagnoses include lumbar discogenic pain, chronic lower back pain, and status post spinal cord stimulator trial. The injured worker underwent a lumbar 5-sacral 1 anterior lumbar fusion on December 19, 2012. On April 1, 2013, the injured worker underwent removal of hardware from the prior lumbar fusion. He has been treated with pain and muscle relaxant medications, a cane with walking, work modifications, hot/cold pack, and a home exercise program. On November 12, 2014, his treating physician reports ongoing lower back pain with radicular symptoms into the left lower extremity. The use of a muscle relaxant medication is helping his muscle spasms a little, but makes him drowsy during the day. The physical exam revealed the injured worker continues to walk slowly with a cane, and he has a mild antalgic gait. The treatment plan includes Botox injections into the paraspinal muscles of the lumbar spine and physical therapy to accompany the Botox, to re-educate the muscles and teach the injured worker some stretching techniques. On January 16, 2015, the injured worker submitted an application for IMR for review of a request for Botox injections 400 units into the paraspinal muscles of the lumbar spine and a prescription for 8 sessions of physical therapy. The Botox injections were non-certified based on the lack of support by the guidelines for Botox treatment for an injured worker with postsurgical lower back pain with radiculopathy. In addition, there was a lack of evidence that it was explained to the injured worker that Botox causes muscle atrophy which may worsen the clinical situation. The physical therapy was non-certified based on the physical therapy is not medically necessary since the Botox was non-certified. In addition,

there was a lack of documentation of why the injured worker needs therapy for simple range of motion and strengthening/muscle re-education which should have already been maximized in a home exercise program. The injured worker should be able to optimize long term results outside of physical therapy through a home exercise program, and it is unlikely that 8 visits will confer long term results given that that is the purpose of the home exercise program. The Medical Treatment Utilization Schedule (MTUS) guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection 400 units into his paraspinal muscles of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 21-22.

Decision rationale: Botox injection 400 units into his paraspinal muscles of the lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that botox injections are not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Recommended: chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. The ODG states that there is recent research that concludes that there is a lack of high quality studies evaluating botox injections for patients with low back. Published studies have not addressed how pain relief from botox injections translates into clinically relevant outcomes for patients with low back pain. The ODG also states that these injections are not generally recommended. If a favorable initial response predicts subsequent responsiveness, may be an option in conjunction with a functional restoration program. The ODG states that its use should be reserved only for patients with pain refractory to other treatments. Without sufficient evidence in the recent literature for this procedure and without evidence that pain relief from these injections translate into clinically relevant patient outcomes the request for Botox injections to the paraspinals are not medically necessary.

8 sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: 8 sessions of physical therapy is not medically necessary per the MTUS Guidelines. The guidelines recommend transition of therapy to an active self directed home exercise program. The patient has had an injury in 2010. Due to the fact that the botox injections

to the paraspinals were not medically necessary as well as the fact that the patient should be competent in a lumbar spine home exercise program with a work injury dating back to 2010, this request is not medically necessary.