

Case Number:	CM15-0107168		
Date Assigned:	06/11/2015	Date of Injury:	04/11/2000
Decision Date:	07/14/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/03/2015

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, 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:

This is a 49-year-old male with an April 11, 2000 date of injury. A progress note dated March 16, 2015 documents subjective findings (lower back pain; that is chronic and improving; pain radiates occasionally to the right anterior thigh; doing much better since resuming Botox injections on February 4, 2015; able to cut back on Norco), objective findings (decreased strength of right extensor hallicus longus; no spasms of the lumbar spine noted; tenderness of the lower thoracic paraspinals and upper lumbar paraspinals), and current diagnoses (lumbar post laminectomy syndrome; lumbago). Treatments to date have included medications, Botox injections, physical therapy, imaging studies, spine surgery, acupuncture, and epidural steroid injection. The treating physician documented a plan of care that included Botox injections every three months for one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection Every 3 Months for 1 Year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Botox injections.

Decision rationale: Pursuant to the Official Disability Guidelines, Botox injection every three months times one year is not medically necessary. Botox is not recommended for most chronic pain conditions. Botox is not recommended for tension type headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. Botox is recommended for cervical dystonia; spinal cord injury; spasticity following TBI; and migraine. In this case, the injured worker's working diagnoses are post laminectomy syndrome lumbar region; and lumbago. The injured worker received a previous Botox injection February 4, 2015 with improvement of low back symptoms. The injured worker was able to decrease the Norco dose and Tizanidine. Botox is not recommended for chronic pain conditions and musculoskeletal conditions/myofascial pain syndrome. Consequently, absent guideline recommendations for Botox, Botox injection every three months times one year is not medically necessary.