

Case Number:	CM15-0107625		
Date Assigned:	06/12/2015	Date of Injury:	03/31/2003
Decision Date:	07/14/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/04/2015

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: Emergency 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 61 year old male who sustained an industrial injury on 03/31/2003. Mechanism of injury was not documented. Diagnoses include lumbago, status post right shoulder surgery on 10/15/2010, chronic left shoulder pain, status post rotator cuff repair on 09/14/2013, chronic left knee pain, status post 2 knee surgeries of the left knee, MRI of the left knee in February of 2013 showed a partial medial meniscectomy, joint effusion and edema, low back pain and a Magnetic Resonance Imaging of the lumbar spine done on 06/19/2009 showed disk desiccation at multiple levels with mild spinal stenosis. A Magnetic Resonance Imaging of the lumbar spine done on 05/06/2014 revealed there continues to be disc desiccation in multiple levels and there is moderate degree of bilateral foraminal exit zone compromise at L4-L5 as well as L5-S1, positive response to right L4-L5 and L5-S1 facet injection, and chronic myofascial low back pain. Treatment to date has included diagnostic studies, medications, status post right shoulder surgery on 10/15/2010, rotator cuff repair on 09/14/2013, and two left knee surgeries, use of a Transcutaneous Electrical Nerve Stimulation unit, physical therapy and work modifications. A physician progress note dated 04/14/2015 documents the injured worker has ongoing right knee pain. He continues to do well on his pain medication regimen. He can walk slowly with a cane and with a limp. His pain is worse on the left this month. His medications allow him to be more functional. He has relatively good range of motion of his bilateral knees, but has some pain and stiffness throughout at end ranges. Treatment requested is for Botox injection 400 units for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection 400 units for the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Low Back: Botulinum Toxin(Botox).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines Botox is not generally recommended. If a favorable initial response predicts subsequent responsiveness, may be an option in conjunction with a functional restoration program. Considering its high cost and the small differences compared with control treatments, its use should be reserved only for patients with pain refractory to other treatments. Patient does not meet any indication for Botox injection. Patient has reported good function on current medication regiment and patient is not part of a functional restoration program. Botox is not medically necessary.