

<b>Case Number:</b>	CM15-0134065		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	11/20/1996
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Massachusetts

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 51 year old female who sustained an industrial injury on 11/26/1996. Mechanism of injury occurred when she lifted a heavy box and as she turned to her left side with the box in her hands she felt something snap in her back. Diagnoses include chronic low back pain-a Magnetic Resonance Imaging from 08/01/2011 showed a solid fusion at L5-S1 with no disk herniation or stenosis and facet arthropathy is worse on the right side at L3-L4, and L4-L5, overactive bladder following her lumbar fusion in 2000, and negative response to spinal cord stimulator trial. Treatment to date has included diagnostic studies, medications, status post L5-S1 fusion in 2000, and physical therapy. Her medications include Tramadol, Zanaflex, Cymbalta, Prilosec, Restoril and Voltaren. A physician progress note dated 05/20/2015 documents the injured worker complains of low back pain radiating into her groin and hip areas. She rates her pain as a 9 out of 10 without medications and 7 out of 10 with the use of Tramadol, and her other medications. She has significant tenderness to palpation of the lumbar spine greater on the right as well as limited range of motion with flexion and extension. The treatment plan includes physical therapy and a follow up in 2 months. Treatment requested is for Botox Injection with 400 Unit for Low Back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox Injection with 400 Unit for Low Back: 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, p61-62. Decision based on Non-MTUS Citation Botox Prescribing Information.

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 1996. She has a history of a lumbar spine fusion in July 2000. When seen, she had back pain radiating into the groin and hip rated at 7-9/10. There was lumbar spine tenderness with decreased range of motion. Authorization for physical therapy was requested. She was interested in trying Botox injections for low back pain and this was requested as well. Botox is not recommended for the treatment of chronic spine pain or myofascial pain. Indications for the use of Botox include the treatment of cervical dystonia and migraine prophylaxis and for the treatment of spasticity due to an upper motor neuron condition. The claimant does not have any of these diagnoses. Use of Botox in this clinical situation would potentially produce weakening of the spinal muscles and a potential worsening of the spinal condition and would not be recommended.