

Case Number:	CM15-0187565		
Date Assigned:	10/02/2015	Date of Injury:	10/05/2001
Decision Date:	11/16/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/23/2015

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: Physical Medicine & Rehabilitation

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 48 year old female, who sustained an industrial injury on October 5, 2001. She reported injury to her tailbone. Current diagnoses included chronic low back pain with spasms, lumbago and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included IDET procedure, facet blocks and medication. On June 16, 2015, the injured worker complained of constant low back pain that radiated to the groin and lateral and posterior leg. She also complained of pain in her right ankle that was associated with back pain. Physical examination revealed spasm and tenderness to palpation of the paraspinous muscles. Back range of motion was noted to be "decreased." Heel to shin testing could not be done without pain and the injured worker could not walk on her heels and toes due to pain. Gait and station were wide-based and antalgic. She favored the right leg and widely circumducted the left leg. The treatment plan included the administration of Botox 100 units since muscle spasm was present and limits her back and leg range of motion. On September 22, 2015, utilization review denied a request for Botox 100 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 100 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

Decision rationale: The patient presents with constant pain in the low back that radiates to the groin and lateral and posterior leg. She also has pain in the right ankle that is associated with back pain. The request is for BOTOX 100 UNITS. The request for authorization is dated 07/02/15. Physical examination reveals scoliosis with the concavity on the right. There was spasm and tenderness to palpation of the paraspinal muscles. The back range of motion was decreased. Patient's medications include Norco, Motrin, Voltaren Gel, Lidocaine Patches, Vitamins Prenatal, Vitamin D3, and Honey. Per progress report dated 05/20/15, the patient is returned to modified work. MTUS Guidelines, pages 25-26, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Botulinum toxin (Botox; Myobloc) not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Per progress report dated 06/16/15, treater's reason for the request is "since muscle spasm is present and limits her back and leg ROM." However, MTUS does not support Botox injections for back pain, or myofascial pain, per patient's diagnosis. Furthermore, there is no documentation of cervical dystonia, for which Botox injections would be indicated. Therefore, the request IS NOT medically necessary.