

Case Number:	CM15-0202019		
Date Assigned:	10/16/2015	Date of Injury:	02/17/2015
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/14/2015

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 33 year old male sustained an industrial injury on 2-17-15. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with bilateral S1 radiculopathy and lumbar disc herniation. In a PR-2 dated 8-19-15, the injured worker complained of low back pain with radiation to the lower extremity, rated 8 out of 10 on the visual analog scale without medications and 4 out of 10 with medications. The injured worker reported having some constipation with medications. Objective findings were documented as "no significant change". The treatment plan included lumbar epidural steroid injections and medications (Norco, Relafen and Colace). In a PR-2 dated 9-16-15, the injured worker complained of ongoing low back pain with radicular symptoms in both lower extremities. The injured worker had undergone bilateral S1 transforaminal epidural steroid injections on 9-14-15 which provided relief for two to three days. The injured worker reported that the pain returned and that he now had worsened radicular symptoms. The injured worker also reported that he was having a lot of back spasms. Physical exam was remarkable for lumbar spine with "increased" tenderness to palpation in the paraspinal musculature with active spasms, "decreased" range of motion in all planes and positive bilateral leg lift. The treatment plan included requesting authorization for Botox injections 400 units for bilateral erector spine to help with localized back pain followed by six sessions of physical therapy to reeducate the muscles, continuing medications (Norco and Relafen) and adding Tizanidine. On 10-1-15, Utilization Review on a request for bilateral erector spine Botox injections, 400 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections 400 units for bilateral erector spinae: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar& Thoracic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Botox injections.

Decision rationale: Pursuant to the Official Disability Guidelines, Botox injection 400 unit's bilateral erector spinae 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 chronic low back and bilateral S1 radicular pain. Date of injury is February 17, 2015. Request for authorization is September 25, 2015. According to a September 16, 2015 progress note, subjective complaints are ongoing low back pain with bilateral lower extremity radicular pain. The injured worker recently received a lateral S1 transforaminal epidural steroid injection with 2-3 days relief. There was no objective functional improvement associated with the ESI. Objectively, there is tenderness to palpation over the paraspinal muscle groups. There is spasm present decreased range of motion. Botox is not recommended for most chronic pain conditions. Botox is not recommended for myofascial pain syndrome. There is no clinical indication in the present case for Botox. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline nine recommendations for Botox in most chronic pain conditions, Botox injection 400 units bilateral erector spinae is not medically necessary.