

Case Number:	CM15-0023368		
Date Assigned:	02/13/2015	Date of Injury:	08/30/2010
Decision Date:	03/27/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/07/2015

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 male, who sustained an industrial injury on August 30, 2010. He has reported injury of the back. The diagnoses have included midthoracic pain, and chronic low back pain. Treatment to date has included medications, radiofrequency ablation, radiological imaging, and acupuncture. Currently, the IW complains of low back pain. He reports only a few days of decreased pain from the radiofrequency ablation, and indicates his pain went from 8/10 to a 4/10, but then after a few days it escalated. Physical findings reveal tenderness in the lumbar and thoracic paraspinal muscles. The records indicate an electrodiagnostic study from July 2012 was within normal limits. On January 23, 2015, Utilization Review non-certified Botox 400 units for the low back paraspinal muscles. The MTUS, Chronic Pain Medical Treatment guidelines were cited. On February 7, 2015, the injured worker submitted an application for IMR for review of Botox 400 units for the low back paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 400 units, for the low back paraspinal muscles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin, pages 25-26.

Decision rationale: Per Guidelines, Botox injection for chronic low back complaints did not significantly reduce visual analog scale scores; furthermore, the treatments did not result in a significant improvement of patients' daily life activities or psychological status. It was noted that considering its high cost and the small differences compared with control treatments, the use of Botox should be reserved only for patients with pain refractory to other invasive treatments not demonstrated here in submitted reports. The patient has no report of failed conservative treatment, acute flare-up, progressive deficits, or deteriorating limitations in ADLs to support its use. There are also potentially significant side effects including death. The Botox 400 units, for the low back paraspinal muscles is not medically necessary and appropriate.