

Case Number:	CM15-0031574		
Date Assigned:	02/24/2015	Date of Injury:	10/26/2004
Decision Date:	04/17/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	02/19/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 64-year-old male who sustained an industrial related injury on 10/26/04. The injured worker had complaints of low back pain. Physical examination findings included minimal range of motion of the lumbar spine with flexion reaching 20 degrees and extension 10 degrees. Diagnoses included back pain status post lumbar surgery in 2004 and grade 1 anterolisthesis L5-S1. Treatment included physical therapy. Medication included Norco and Motrin. The treating physician requested authorization for 1 trial of Botox 400 units for low back (10 injections of 40 units each to erector spinae muscles). On 2/7/15, the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the guidelines recommend Botox for use in patients with pain refractory to other treatments. The medical records indicated the injured worker's pain was rated 1 out of 10 with the current medication regimen. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 trial of Botox 400 units for low back (10 injections of 40 units each to erector spinae muscles): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, botulinum toxin.

Decision rationale: With regard to Botox injection, the MTUS CPMTG p25 states: "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." It also notes botulinum toxin for LBP is a possibility if the IW is concurrently in an FRP. The official disability guidelines supplies more recent information than that of the California MTUS and indicates that recent research performed in 2011 states that there is lack of high quality evidence for Botox injections for patients with low back pain. Evidence does not support the use of Botox injections to improve pain or function in patients with low back pain. Considering this, this request for a trial of Botox injections for the low back is not medically necessary.