MAXIMUS Federal Services

Case Number:	CM15-0035325		
Date Assigned:	03/03/2015	Date of Injury:	05/16/2013
Decision Date:	04/15/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/25/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 44 year old female, who sustained an industrial injury on May 16, 2013. She has reported neck pain, shoulder pain, lower back pain, and bilateral foot pain. The diagnoses have included fibromyalgia, left lower back pain, and right ankle sprain. Treatment to date has included podiatry, foot injections, foot orthotic, exercise, medications, and imaging studies. A progress note dated December 30, 2014 indicates a chief complaint of continued neck pain, shoulder pain, lower back pain and bilateral foot pain. She is working full-time and walks for exercise. Physical examination showed lumbar spine tenderness and decreased range of motion. The treating physician requested Botox injections to the lumbar spine and post-injection physical therapy for re-education of the lumbar muscles. On January 26, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule, California Chronic Pain Medical treatment Guidelines, American College of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines. On February 25, 2015 the injured worker submitted an application for IMR of a request for Botox injections to the lumbar spine and post-injection physical therapy for re-education of the lumbar muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections 500 units (50 units) to L1-L5 levels bilaterally over lumbar erector muscles Qty: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-6.

Decision rationale: Botulinum toxin (Botox) is a neurotoxic protein produced by the bacterium Clostridium botulinum and related species. Its action on the body, when injected in small amounts, is to weaken a muscle for a period of three to four months. Its use is recommended by the MTUS for treatment of cervical dystonia and chronic low back pain, although for the later, its use is recommended as an option in conjunction with a functional restoration program (FRP) and only after one injection has shown benefit. The MTUS does not recommend its use in tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; or trigger point injections. This patient has chronic low back pain documented by history and exam. However, the patient is not in a FRP so does not meet the MTUS criteria for use of botulinum toxin to treat chronic low back pain. Medical necessity has not been established.

Physical therapy Post-Botox to reeducate lumbar muscles Qty: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Functional improvement measures Page(s): 98-99, 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48-9, Chp 5 pg 90, Chp 12 pg 299-301, 308-9,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: Physical therapy can be active or passive. Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. With goal directed physical therapy for chronic low back pain the resultant benefit should be apparent by the 10 sessions recommended in the MTUS. The provider's request for physical therapy at this time in the patient's course of treatment is for rehabilitation of the lumbar musculature after injection of these muscles with botulinum toxin. Since the injection of this medication is not considered medically necessary then it follows that the requested physical therapy is not needed. Medical necessity has not been established.