

Case Number:	CM15-0036593		
Date Assigned:	03/05/2015	Date of Injury:	10/28/2004
Decision Date:	04/15/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 28, 2004. In a Utilization Review Report dated February 20, 2015, the claims administrator failed to approve a request for six Botox injections while approving pulmonary function testing, a chest x-ray, Polysomnogram, and a split night sleep study. The claims administrator referenced a February 12, 2015, progress note in its determination. The applicant's attorney subsequently appealed. In a progress note dated January 22, 2015, the applicant was placed off of work, on total temporary disability, owing to variety of chronic pain and medical health issues. The applicant was given refills of Wellbutrin, thallium, Restoril, and Nuvigil. On January 7, 2015, additional Botox injections were sought. The attending provider suggested that the applicant had derived some analgesia from previous Botox injections. The applicant was status post earlier failed thoracic and lumbar spine surgeries. The applicant had ongoing issues with neck pain and headaches, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 6 Botox injections 100 units between 2/12/15 and 4/18/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for six Botox injections was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Botox injections are recommended for chronic low back pain if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with functional restoration program, in this case, however, the applicant was off of work, on total temporary disability, as of the date of the request. The applicant remained dependent on opioid agents such as Nucynta. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of prior Botox injections. It did not appear, thus, that the applicant was intent on employing the Botox injections at issue in conjunction with a program of functional restoration. Therefore, the request was not medically necessary.