

<b>Case Number:</b>	CM15-0037483		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	08/06/2009
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: 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:

The injured worker is a 59 year old male, who sustained an industrial injury on 8/6/09. The injured worker has complaints of back, bilateral knee and right hip pain. The diagnoses have included low back pain on the right side; status post right knee arthroscopic surgery 9/7/10; status post left knee arthroscopic surgery 10/27/10 and bilateral hip arthritic pain. The documentation noted that the injured worker had a supartz injection. According to the utilization review performed on 2/6/15, the requested Botox injections 400 units for low back has been non-certified.

### 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 low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26, 74-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Botulinum toxin.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Pages 25-26. Functional restoration programs (FRPs) Page 49. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Botulinum toxin (Botox). ACOEM 3rd Edition - Low back disorders (2011)  
<http://www.guideline.gov/content.aspx?id=38438> Work Loss Data Institute - Low back (2013)  
<http://www.guideline.gov/content.aspx?id=47586>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses Botox Botulinum toxin. MTUS Chronic Pain Medical Treatment Guidelines indicates that Botox Botulinum toxin is not generally recommended for chronic pain disorders. Botox is not recommended for fibromyositis, myofascial pain syndrome, or trigger point injections. For chronic low back pain, Botox as an option in conjunction with a functional restoration program (FRP). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Official Disability Guidelines (ODG) notes that a number of studies have evaluated the effectiveness of botulinum toxin type A in the treatment of back and neck pain, and the manufacturer is planning on pursuing FDA approval of botulinum toxin for this indication, but there is currently insufficient scientific evidence of the effectiveness of botulinum toxin in the treatment of back pain. There are potentially significant side effects including death. A boxed warning now highlights the possibility of experiencing potentially life-threatening distant spread of toxin effect from the injection site after local injection. ACOEM 3rd Edition does not recommend Botulinum injections for low back disorders. The Work Loss Data Institute guidelines for the low back indicates that Botox Botulinum toxin is not recommended. The primary treating physician's progress report dated 1/16/15 documented low back pain. Botox injections for the low back were requested. ACOEM, ODG, Work Loss Data Institute guidelines do not support the use of Botox Botulinum toxin for low back disorders. Therefore, the request for Botox injections for the low back is not medically necessary.