

Case Number:	CM15-0038091		
Date Assigned:	03/06/2015	Date of Injury:	08/02/1999
Decision Date:	05/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/28/2015

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, Arizona

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 66-year-old male who reported an injury on 08/02/1999. The mechanism of injury was not specifically stated. The current diagnoses include low back pain, muscle spasm, stroke, and vertebral artery syndrome. The injured worker presented on 12/26/2014 for a follow-up evaluation. The injured worker noted ongoing symptoms with increased weakness and clonus related to spasticity. It was noted that the injured worker was receiving Botox injections every 3 months. The injured worker had increased low back pain and activity limitation. The injured worker utilized a walker for ambulation assistance. Upon examination, there was diffuse lower extremity weakness, spasticity, 5-/5 upper extremity strength, intrinsic hand atrophy and weakness with arthritic changes, increased weakness in the left leg, and diffuse weakness in the tibial anterior and gastroc region. Recommendations at that time included a combination of Botox, trigger point injections and acupuncture. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections for the thoracic and lumbar spine muscles with [REDACTED] every three months for one year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

Decision rationale: The California MTUS Guidelines do not recommend Botox injections for chronic pain disorders. They are recommended for cervical dystonia. In this case, the injured worker does not maintain a diagnosis of cervical dystonia. Additionally, it is noted that the injured worker has been receiving Botox injections every 3 months. The injured worker's response to the injections has not been documented. Therefore, additional treatment would not be supported. As such, the request is not medically necessary.