

Case Number:	CM15-0039584		
Date Assigned:	03/09/2015	Date of Injury:	02/19/2009
Decision Date:	04/13/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on February 19, 2009. The exact mechanism of the work related injury and reported complaints were not included in the documentation provided. The injured worker was diagnosed as having low back pain with radiculopathy status post-surgery x2 to the lumbar spine in 2008 and 2012. Treatment to date has included physical therapy, lumbar surgeries, and medication. On August 18, 2014, the injured worker complained of ongoing low back pain with radiating symptoms into the left lower extremity. The single submitted Primary Treating Physician's report dated August 18, 2014, noted the injured worker reporting analgesia with the Tramadol with pain going from an 8/10 to 2/10, noting independence with activities of daily living (ADLs). The injured worker was noted to have stopped using Norco due to side effects. The Physician noted the injured worker with no aberrant drug seeking behaviors. The injured worker's current medication was noted to be Tramadol. The Physician was seeking authorization for physical therapy for the lumbar spine as it had been over a year since the last physical therapy treatment. The documentation provided failed to include more recent Physician reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) physical therapy sessions after Botox injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. In addition, the claimant had completed at least 12 sessions in the past. Prior therapy notes and progress were not provided. Consequently, additional therapy sessions are not medically necessary.

Botox injection 400 units to the lumbar paraspinal muscles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinium toxin Page(s): 25-26. Decision based on Non-MTUS Citation ODG Low Back (Acute & Chronic) Botulinium toxin.

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

Decision rationale: According to the guidelines, Botox is recommended: chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. Some additional new data suggests that it may be effective for low back pain. In this case, there is no mention of a functional restoration program and the Botox is considered an option rather than a necessity. As a result, the request for Botox injection is not medically necessary.