

<b>Case Number:</b>	CM15-0040962		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old male, who sustained an industrial injury on 8/19/2013. He reported injuring his low back while loading and hanging a chop saw. The diagnoses have included chronic low back pain. Treatment to date has included lumbar facet injections, acupuncture and medication. According to the progress report dated 1/22/2015, the injured worker complained of low back pain. He reported that acupuncture felt good, but did not give him any lasting effects. He stated that Tylenol 3 brought his pain down from 7/10 to 2/10. There was no physical exam documented. Authorization was requested for Botox 400 units for the low back and for physical therapy eight sessions to be done after the Botox injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox 400 units to Low Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Regarding the request for botulinum toxin, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." Within the documentation available for review, the requesting physician has suggested that the botulinum toxin will be injected for the patient's lower back pain. Clearly, Chronic Pain Medical Treatment Guidelines do not support the use of botulinum for this diagnosis. There is no diagnoses listed in the documentation provided for review include a diagnosis of cervical dystonia. Therefore, the currently requested botulinum toxin is not medically necessary.

**Physical Therapy 8 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Pain, Suffering and Restoration of Function Chapter; Official Disability Guidelines Low Back chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the provider has ordered 8 sessions of physical therapy to be completed after Botox injections. However, botox injection is not medically necessary and not recommended by the guidelines for the diagnosis of lower back pain. Because the injection is not approved, the post-injection physical therapy sessions are also not medically necessary.