

Case Number:	CM15-0051328		
Date Assigned:	03/24/2015	Date of Injury:	11/10/1999
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/18/2015

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 65-year-old female, who sustained an industrial injury on November 10, 1999. She reported low back, knee and hip pain. The injured worker was diagnosed as having status post lumbar fusion, hardware removal of the lumbar spine, bilateral hip osteoarthritis, bilateral knee internal derangement and chronic pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, trigger point injections, pain medications and work restrictions. Currently, the injured worker complains of low back, knee and hip pain. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 15, 2015, revealed continued, severe, constant pain. Botox injections were recommended. It was noted she had temporary relief with previous trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection: Upheld

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

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

Decision rationale: According to the guidelines, Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. In this case, the claimant had chronic back pain with paravertebral spasms. The claimant had been receiving topical analgesics, oral muscle relaxants and Cymbalta for chronic pain. Based on the clinical diagnoses and guidelines, the request for Botox is not medically necessary.