

Case Number:	CM15-0084515		
Date Assigned:	05/06/2015	Date of Injury:	01/15/2014
Decision Date:	06/12/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/02/2015

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: 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 47-year-old female who sustained a work related injury January 15, 2014. According to a primary treating physician's progress report, dated April 7, 2015, the injured worker presented for ongoing evaluation of her chronic low back pain and right posterior hip pain. She would like to try acupuncture again as the last treatment, 5 months ago, helped decrease her pain. Current medications include Motrin (stopped due to hypertension) and Tizanidine. There is significant tenderness to palpation and tight muscle bands of the lumbar paraspinal muscles and tenderness over the right sacroiliac joint and piriformis area. Diagnoses are broad-based disk protrusion L5-S1 with annular tear and right sided mild foraminal stenosis (MRI 3/11/2014); chronic right lateral epicondylitis; history of aberrant UDS (urine drug screen) on 11/18/2014 and 1/13/2015; chronic myofascial pain. Treatment plan included acupuncture, physical therapy, psychiatric evaluation, and request for authorization for Botox injection. The April 7, 2015 notes that physical therapy has been approved but has not been scheduled.

IMR ISSUES, DECISIONS AND RATIONALES

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

40 units of Botox injection to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: Per the MTUS guidelines, Botox injections are not generally recommended for chronic pain disorders. The MTUS guidelines state that Botox injections may be recommended for chronic low back pain if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. The medical records do not establish that this treatment is to be used in conjunction with a functional restoration program. In addition, April 7, 2015 report notes that physical therapy has been authorized. The request for Botox injections in the absence of attempt at first line treatment is not supported. Furthermore, per recent research as noted in ODG, The current body of evidence does not support the use of Botox injections to improve pain or function in patients with low back pain. The request for 40 units of Botox injection to the lumbar spine is not medically necessary.