

<b>Case Number:</b>	CM15-0085822		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	03/31/2003
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: New Jersey, New York  
 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 61 year old male, who sustained an industrial injury on 3/31/03. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic left shoulder pain; chronic left knee pain; low back pain; chronic back pain myofascial pain. Treatment to date has included physical therapy; status post left shoulder arthroscopy rotator cuff repair (9/14/13; status post right shoulder rotator cuff repair (6/2009); TENS unit; right L4-5 and L5-S1 intra-articular facet injections. Diagnostics included MRI right and left shoulder (6/2009); MRI left knee (6/2009); MRI lumbar spine (6/19/09 and 5/6/14). Currently, the PR-2 notes dated 2/17/15 indicated the injured worker complains of left knee, low back and bilateral shoulder pain. He continues to do well on the current medications regimen: include Norco, Motrin, Prilosec, Trazodone and Tizanidine. He sees another provider for bilateral shoulders and left knee. The injured worker states he is having intermittent episodes of spasms and pain in the lumbar spine that put him down a day or two. He looked at the Botox information and not interested in any injections in the back. Objective findings noted increased tenderness to the lumbar paraspinal muscles with spasm and decreased range of motion in all planes. He is a status post right shoulder surgery from 10/15/2010, status post left shoulder rotator cuff repair of 9/14/13; two surgeries to his left knee with the last one in 1996. The low back pain has had diagnostics that report disk desiccation at L1-L2, L2-L3, L4-L5 and L5-S1 with a moderate degree of bilateral foraminal exit zone compromise at L4-L5 and L5-S1. He has had right L4-5 and L5-S1 intra-articular facet injections. The submitted documentation does not indicate what benefit the injured

worker received from those injections. The provider is now requesting Botox injection 400 units for the lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Botox injection 400 units for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Botulinum toxin (Botox). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Botulinum toxin (Botox).

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

**Decision rationale:** The request is not considered medically necessary. According to MTUS guidelines, Botox may be considered for low back pain as an adjunct to a functional restoration program. This limited chart contains progress notes that state the patient is not interested in back injections. There is no documentation that he is part of a functional restoration program or that he failed all conservative therapy. Therefore, the request is not considered medically necessary.