

Case Number:	CM15-0085908		
Date Assigned:	05/08/2015	Date of Injury:	06/14/2001
Decision Date:	06/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	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: 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 female, age unknown, who sustained an industrial injury on 06/14/2001. She has reported injury to the low back and right shoulder. The diagnoses have included status post global fusion at L4-L5, 04/2004; chronic pain syndrome; bilateral groin pain; and myofascial pain of the right shoulder and periscapular region. Treatment to date has included medications, diagnostics, massage therapy, and surgical intervention. Medications have included Motrin, Lidoderm patch, Soma, and Ambien. A progress note from the treating physician, dated 04/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of ongoing low back pain; increased pain on the right side of the lumbar spine radiating in the right hip; and she is awaiting possible hardware removal. Objective findings included increased tenderness to the lumbar spine on the right paraspinal muscle; and she is walking with an obvious limp favoring the right lower extremity with positive right leg lift. The treatment plan has included the request for trigger point injections with Botox 400 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections with Botox 400 units: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Trigger point injections, Botulinum toxin (Botox). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG - low back chapter- Botulinum and pg 13.

Decision rationale: According to the guidelines, Botox is under study for low back pain. The ACOEM guidelines do not recommend trigger point injections due to short term benefit. The claimant had been on analgesics, and was referred to a spine surgeon for further options. The request for Botox trigger point injections is not medically necessary.