

Case Number:	CM14-0113433		
Date Assigned:	08/01/2014	Date of Injury:	06/10/2002
Decision Date:	07/13/2015	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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

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, male who sustained a work related injury on 6/10/02. The diagnoses have included lower leg pain, lumbago, lumbar degenerative disc disease and lumbar facet arthropathy. Treatments have included lumbar surgery, right knee surgery, oral medications, pain patches, Botox injections in lumbar musculature and physical therapy. In the follow-up visit note dated 7/1/14, the injured worker complains of a flare-up of low back pain. He is receiving Botox injections regularly. The last one received on 6/3/14 worked "wonderfully" until he injured himself while swimming. He has decreased range of motion in low back. He has tenderness in low back. The treatment plan includes a request for authorization for Botox trigger point injection in lumbar area.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Botox injection for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin, pages 25-26.

Decision rationale: Per Guidelines, Botox injection for chronic low back complaints did not significantly reduce visual analog scale scores; furthermore, the treatments did not result in a significant improvement of patients' daily life activities or psychologic status. It was noted that considering its high cost and the small differences compared with control treatments, the use of Botox should be reserved only for patients with pain refractory to other invasive treatments not demonstrated here in submitted reports. The patient has no report of failed conservative treatment, clinical findings, acute flare-up, progressive deficits or deteriorating limitations in ADLs to support its use. There are also potentially significant side effects including death. The 1 Botox injection for the lumbar spine is not medically necessary and appropriate.