

Case Number:	CM14-0205873		
Date Assigned:	12/17/2014	Date of Injury:	05/16/2003
Decision Date:	02/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/09/2014

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 59-year-old male who reported an injury on 05/16/2003 due to an unspecified mechanism of injury. On 11/04/2014, he presented for a followup evaluation. He reported continued persistent low back and neck pain. Documented treatments had included acupuncture and pain medications. His medications included Norco 10/325 mg 6 per day. A physical examination showed a slight decrease in range of motion to the cervical spine in all planes, increased pain with greatest rotation to the right, and mild to moderate tenderness to palpation in the paraspinal muscles of the cervical spine. He was diagnosed with low back pain status post discectomy at the L3-4, L4-5, and L5-S1 in 2004. An unofficial MRI report on 06/24/2014 reportedly showed a transitional S1 segment, right laminectomy at the S1-2, resection of an extruded disc at the L3-4, and residual disc/scar. The treatment plan was for Botox injections 400 units to the lumbar spine. The Request for Authorization form was not provided. The rationale for treatment was to relieve his low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections; 400 units to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Botox, Low Back Pain

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

Decision rationale: The California MTUS Guidelines do not generally recommend Botox injections in chronic pain disorders but state that they may be recommended for cervical dystonia. There is no documentation showing that the injured worker has a diagnosis of cervical dystonia to support the requested Botox injections. In addition, there is a lack of documentation showing that the injured worker has tried and failed all recommended conservative care options, such as physical therapy, to support the request. Furthermore, recent documentation regarding the injured worker's condition was not provided for review to validate that he has any significant functional deficits. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.