

Case Number:	CM14-0211281		
Date Assigned:	12/24/2014	Date of Injury:	08/17/2009
Decision Date:	02/19/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/17/2014

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 as a satellite dish installer with a date of injury of 8/17/09. He continues to complain of chronic low back pain with radiation to the lower extremities. Treatment has included lumbar fusion at L5-S1 in October 2011 and a spinal cord stimulator implant in December 2013. He has had physical therapy and medications have included oxycodone, Norco, gabapentin, Soma and trazodone. His diagnoses are chronic low back pain status post lumbar fusion at L5-S1 and spinal cord stimulator implant, lumbar radiculopathy with degenerative disc disease, failed back syndrome, chronic pain syndrome and urinary incontinence. The medical records show that his current medication regimen is effective and allows him to maintain adequate functional status. The primary treating physician has requested lumbar Botox injection 400 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Botox injection 400 units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain and Low Back sections, Botulinum toxin (Botox)

Decision rationale: The MTUS notes that botulinum toxin (Botox) injections are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. They are 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 Official Disability Guidelines note that botulinum toxin (Botox) injections are not recommended for most chronic pain conditions. For low back pain the injections are not generally recommended. They remain under study for chronic low back pain however, if a favorable initial response predicts subsequent responsiveness, they may be used as an option in conjunction with a functional restoration program. Considering its high cost and the small differences compared with control treatments, its use should be reserved only for patients with pain refractory to other treatments. There are also potentially significant side effects including death. In this case the medical records do document good response to his current medication treatment regimen with significant pain relief and functional improvement. The records do not note any request for a functional restoration program. Although Botox injections can be considered within the MTUS and Official Disability Guidelines, their use at this time is not consistent with the criteria noted in those guidelines. The request for lumbar Botox injections 400 units is not medically necessary.