

Case Number:	CM14-0211639		
Date Assigned:	12/24/2014	Date of Injury:	04/22/2005
Decision Date:	02/25/2015	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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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:

53y/o male injured worker with date of injury 4/22/05 with related neck, mid and low back pain. Per progress report dated 11/4/14, the injured worker's main complaint was low back pain with numbness radiating to the anterior thighs bilaterally. He described the pain as a sharp burning pain that radiated up the spine to the mid-back region. He rated the pain 8/10 without medications, and 4/10 with medication. Per physical exam, the injured worker ambulated with the assistance of a cane. He had tenderness to palpation at the lumbosacral junction and across the lumbar paraspinal musculature. He had increased pain with flexion and pain with extension. He had decreased sensation over the anterior thighs to pinprick and light touch. Treatment to date has included physical therapy and medication management. The date of UR decision was 11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 400 units injections for chronic low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition, Low Back, Botulinum toxin

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

Decision rationale: With regard to Botox injection, the MTUS CPMTG page 25 states:
"Recommended: chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. Some additional new data suggests that it may be effective for low back pain. (Jabbari, 2006) (Ney, 2006) Botulinum neurotoxin may be considered for low back pain (Level C). (Naumann, 2008)"
Review of the submitted documentation does not indicate that the injured worker was planned to participate in a functional restoration program. The request is not medically necessary.