MAXIMUS Federal Services

Case Number:	CM14-0211913		
Date Assigned:	12/24/2014	Date of Injury:	03/10/2003
Decision Date:	03/12/2015	UR Denial Date:	11/18/2014
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
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:

Patient is a 54 year-old male with date of injury 03/10/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/30/2014, lists subjective complaints as pain in the low back. Patient is status post 2 level cervical disc replacement in March of 2013, and status post lumbar decompression of L2-L3 in December of 2009. MRI of the lumbar spine from 05/30/2014 was notable for a small annular tear at L5-S1, a 3-4mm disc protrusion at L4-L5 with bilateral foraminal stenosis, and a 2-3mm disc protrusion at L3-4. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles. Range of motion was reduced in all planes and elicited pain at the terminus of ranges. Motor and sensory examinations were within normal limits. Diagnosis: 1. Status post cervical disc replacement 2. Numbness and tingling, bilateral hands 3. Chronic low back pain 4. Right knee internal derangement 5. Dyspepsia. There was no record of any previous Botox injections to the lumbar spine documented in the records supplied for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of 400 units of botox type A for the lumbar erector spinae muscle QTY #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines botulinim toxin Page(s): 24-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low back, botulinim toxin

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 25-26.

Decision rationale: According to the MTUS, Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Consideration may be given to using Botox for: chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. The medical record contains no documentation of the above criteria and use of Botox is not warranted. Trial of 400 units of botox type A for the lumbar erector spinae muscle is not medically necessary.