

Case Number:	CM14-0216955		
Date Assigned:	01/06/2015	Date of Injury:	09/11/2004
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/26/2014

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 49-year-old female, with a reported date of injury of 09/11/2004. The results of the injury were low back pain and left shoulder pain. The current diagnoses include chronic low back pain, chronic left shoulder pain, status post shoulder surgery, and right shoulder pain. The past diagnoses include chronic low back pain, chronic left shoulder pain, status post shoulder surgery, and right shoulder pain. Treatments have included acupuncture for the low back and right shoulder, physical therapy for the right shoulder, an MRI of the lumbar spine on 03/13/2013, which showed a 2mm broad-based disk at L5-S1 with facet changes, an MRI of the right shoulder on 06/13/2012, Norco 10/325mg three (3) to four (4) tablets a day, Trazadone 50mg one (1) to two (2) tablets at night, Neurontin 300mg three (3) times a day, and Biofreeze. The medical records provided a copy of two (2) acupuncture visits on 05/22/2013 and 07/26/2013. The records also included a copy of two (2) physical therapy visits on 03/04/2013 and 03/14/2013. The progress report dated 11/19/2014 indicates that the injured worker's main complaint was low back pain. She had been doing well with the medications. The injured worker rated her low back pain a 9 out of 10, but with medications, the pain level dropped to a 6 out of 10. The injured worker stated that the low back pain goes down both of her legs. The left leg had the most pain. It was noted that the Neurontin provided about a 30-40% reduction of the paresthesias down her legs. The objective findings included lumbar spinal spasms; pain with lumbar extension; limited lumbar flexion at 50 degrees; bilateral negative straight leg raise; and inability to sit or stand in one position for very long. The treating physician requested a trial of lumbar Botox injections for chronic pain, and six (6) physical therapy sessions for instructions

on muscle re-education exercises following the injection. On 12/12/2014, Utilization Review (UR) denied the request for 300 units of Botox for the lumbar erector spinae muscles, and six (6) sessions of post-injection physical therapy. The UR physician noted that Botox injections are not recommended for chronic pain disorders and that the post-injection physical therapy is not medically necessary since the Botox injections have been denied. The Chronic Pain Guidelines and the ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox for lumbar erector spinae muscles; 300 units: Overturned

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 Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back

Decision rationale: Per the Medical Treatment Utilization Schedule, Botox is recommended for 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). Per the Official Disability Guidelines, Botulinum toxin is under study for chronic low back pain, if a favorable initial response predicts subsequent responsiveness, 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. 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 invasive treatments. There are also potentially significant side effects including death. In this instance, it can be said that the injured worker's low back pain has been refractory to treatment including medication and physical therapy. The best pain levels achieved with medication are on the order of 6/10. Significant spasm has existed chronically. Diagnostic facet joint injections have been non-certified. Therefore, a one time trial of Botox 300 units for the lumbar erector spinae muscles is medically appropriate and necessary with reference to the cited guidelines.

Post injection physical therapy; 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

Decision rationale: The ODG allow for 10 physical therapy visits over 8 weeks for lumbar strains/sprains. While physical therapy post Botox injections are not well covered by any guideline, the ODG recommends exercise following Botox injection(s) for the lumbar region. Therefore, 6 sessions of physical therapy post-Botox injection is medically reasonable and necessary.