

Case Number:	CM14-0219054		
Date Assigned:	01/09/2015	Date of Injury:	07/30/2011
Decision Date:	03/13/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/31/2014

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: New York
 Certification(s)/Specialty: Emergency 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 (IW) is a 41-year-old female who fell and sustained an industrial injury on July 3, 2011. She has reported pain in multiple body locations including the back, knees, right hip and the ankles. Her diagnoses include chronic right knee pain, left lateral meniscus degeneration, thinning patellar cartilage, right trochanteric bursitis, chronic low back pain, lumbar foraminal stenosis and disc bulges. Past medical history includes gastric bypass. The IW had multiple knee surgeries. In December 2013, an electrophysiology study of the left lower extremity was negative. Treatment to date has included pain medications including narcotics and muscle relaxants, chiropractic care, bursa injections, knee surgeries, and surgical procedures. A PR-2 dated 12/2/2014 indicates the IW had improvement in her leg symptoms following a recent lumbar epidural steroid injection. Despite this, the IW was unable to reduce her medications. Physical exam findings were unchanged from previous visits. The IW continues to not work as her employer does not have workplace modifications that accommodate sedentary work. On December 9, 2014, Utilization Review non-certified a request for outpatient botox injections, physical therapy visits post injection, and medically supervised weight loss program. CA MTUS chronic pain guidelines and ODG were cited in support of the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injections 300 Units for Chronic Back Pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox;Myobloc).

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

Decision rationale: According to CA MTUS chronic pain guidelines, botulinum toxin injections are not generally recommended for chronic pain disorders except cervical dystonia. The CA MTUS guidelines do recommend botox injections for chronic low back pain if a favorable initial response when used in conjunction with a functional restoration program. Additionally, ODG guideline state that these injections are not generally recommended. It further states that for low back pain, there is a lack of high quality studies evaluating its use. It reports the current body of evidence does not support the use of such injections. The documentation does not indicate the IW has previously had botox injections. Therefore, initial injection could be considered. However, the documentation does not support the IW is actively participating in a functional restoration program. There is not mention of ongoing therapies, home exercise program or decrease in medication use. Within these recommendations, the request for Botox injections are not medically necessary.

Physical Therapy, 6-sessions for Post Injection Muscle Reeducation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Botulinum toxin Page(s): 98-99, 25-26.

Decision rationale: CA MTUS physical medications guidelines do not discuss the need for physical therapy for any post-injection treatments. As the request for Botox injections is not medically necessary, the post-injection physical therapy treatments are also not medically necessary.

Medically Supervised Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA News Release;For Immediate Release:Feb. 16, 2011

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical practice guidelines for the management of overweight and obesity in adults, adolescents, and children in Australia <<http://www.guideline.gov/content.aspx?id=48052&search=weight+loss>>

Decision rationale: CA MTUS and ODG are silent on this topic. The above referenced guideline summarizes interventions and practices considered in weight management of patients. The guidelines recommend weight assessment including BMI, review of concomitant weight factors and medical conditions, as well as discussion focused on lifestyle. Following these assessments, recommendations to assist with weight loss recommend lifestyle interventions, goal setting, and self-management. The IW has previously had gastric bypass surgery. There are no current biometrics included in chart material. There is no documentation of conversation regarding current weight, weight loss strategies, co-morbid conditions, or other discussions regarding weight. In the absence of this information, the request for a medically supervised weight reduction program is not medically necessary.