

Case Number:	CM15-0010215		
Date Assigned:	02/20/2015	Date of Injury:	10/17/2011
Decision Date:	04/14/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/19/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 is a 54 year old male, who sustained an industrial injury on October 17, 2011. The diagnoses have included neck pain, low back pain, right median neuropathy, depression and anxiety. Treatment to date has included physical therapy, chiropractic treatments, and medications. Currently, the injured worker complains of significant ongoing low back pain. The Primary Treating Physician's report dated November 12, 2014, noted significant tenderness to palpation of the paraspinal muscle of the lumbar spine. A MRI dated August 22, 2014, was noted to show a L4-L5 annular tear without herniation or stenosis, with mild right sided facet hypertrophy at L5-S1. On December 23, 2014, Utilization Review non-certified Botox injection 400units for the lumbar spine, and eight sessions of physical therapy for the lumbar spine, noting that the medical records did not establish that the injured worker was concurrently participating in a functional restoration program for the Botox injection, and the medical records did not establish that the injured worker had sustained a flare-up or exacerbation of his condition that would necessitate reinitiation of a formal treatment program for the requested physical therapy sessions. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 19, 2015, the injured worker submitted an application for IMR for review of Botox injection 400units for the lumbar spine, and eight sessions of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection, 400 units, for the lumbar spine: Upheld

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

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

Decision rationale: According to the MTUS botulinum toxin is not generally recommended for chronic pain disorders, but is recommended for cervical dystonia. Several recent studies have found no statistical support for the use of Botulinum toxin A for any of the following: Myofascial analgesic pain relief compared to saline, use as a specific treatment for myofascial cervical pain as compared to saline, injection in myofascial trigger points as compared to dry needling or local anesthetic injections. It is recommended for cervical dystonia and for chronic low back pain if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. In this case, the documentation doesn't support that the patient is actively enrolled in a functional restoration program.

Eight sessions of physical therapy for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99.

Decision rationale: Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has not had a recent injury or acute exacerbation of pain. She has had adequate PT sessions previously to educate her for a home exercise program.