

Case Number:	CM15-0011303		
Date Assigned:	01/28/2015	Date of Injury:	03/26/2013
Decision Date:	03/24/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/20/2015

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: 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 03/26/2013. A primary treating office visit dated 12/12/2014 reported subjective complaints of ongoing low back pain. he also has radicular symptoms into the left lower extremity. The patient is requesting another injection which offered him several months of pain relief. He is currently prescribed the following medications; Norco 5/325, Ultracet 37.5/325, Tiizanidine and Prilosec. Objective findings show the patient with continued tenderness to palpation of the paraspinal muscles of the lumbar spine. He has relatively good range of motion; although with increased pain at end range. He is noted with a positive straight leg raise on the left with radicular pain into the posterior thigh and lateral leg. He also has decreased sensation to light touch on the posterior thigh and lateral leg. The following diagnoses are applied; chronic low back and left lower extremity pain; magnetic resonance testing 05/21/13 showed bulging disc more to right side at L4-5 with disc desiccation, mild spinal stenosis, facet arthritic changes, right side and left foraminal disc at L4-5; Myofascial low back pain. he was prescribed a months supply of Norco, pending urine screen and request for services placed. He is on modified work status. On 01/02/2015 Utilization Review non-certified a request for Botox injection at L5, noting the CA MTUS Guidelines were cited. The injured worker submitted an application on 01/20/2015 for independent medical review of the services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Botox Injection, 400 Units, to the Paraspinal Muscles of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): (s) 25-26.

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 p25 states: "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." Review of the submitted documentation does not indicate that the injured worker suffers from cervical dystonia. The request is not medically necessary.