

<b>Case Number:</b>	CM15-0011550		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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, who sustained a work related injury on 12/3/07. The diagnoses have included T9 compression fracture, severe depression, poor coping skills, T8-9 and T10-11 disc desiccation and multilevel lumbar spondylosis. Treatments to date have included oral medications, home exercise program, physical therapy, thoracic facet injections, and chiropractic treatments. The injured worker complains of mid thoracic pain. She has tenderness to palpation of lower thoracic area and spasms. She has decreased range of motion. On 1/20/15, Utilization Review non-certified a request for Botox injection thoracic paraspinal musculature. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injection thoracic paraspinal musculature:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc) Page(s): 25-26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Botulinum toxin (Botox)

**Decision rationale:** Based on the 01/08/14 progress report provided by treating physician, the patient presents with mid thoracic pain. The request is for BOTOX INJECTION THORACIC PARASPINAL MUSCULATURE. Patient's diagnosis on 01/08/14 included thoracic facet syndrome, T9 compression fracture and T8-T9 and T10-T11 mild disc desiccation with overlying myofascial pain. Patient's medications include Lexapro, Bupropion, Elavil, Naproxen, Cyclobenzaprine, Opana and Pantoprazole. The patient is temporarily totally disabled. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Botulinum toxin (Botox) states: "Not generally recommended. If a favorable initial response predicts subsequent responsiveness, may be 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. (De Andrs, 2010) There is a lack of high quality studies evaluating BoNT injections for patients with LBP... The present literature has yet to address the long term benefits of BoNT injections or the cost-benefits of this therapy. Finally, published studies have not addressed how pain relief from BoNT injections translates into clinically relevant outcomes for patients with LBP. (Waseem, 2011)" The MTUS Guidelines pages 25-26, chronic pain medical treatment guidelines: Botulinum toxin (Botox; Myobloc) not recommended for the following: Tension-type headaches; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. In this case, the MTUS Guidelines does not support Botox injections for neck pain, myofascial pain, and trigger point injections. The request does not meet guideline indications, therefore, IS NOT medically necessary. Treater states in progress report dated 01/08/14 that the patient "has failed other conservative treatment and has ongoing symptoms of myofascial pain." However, MTUS does not support Botox injections for chronic pain disorders and myofascial pain syndrome; and ODG does not provide support due to potentially significant side effects including death, and lack of published studies addressing long term benefits. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.