

Case Number:	CM15-0011772		
Date Assigned:	01/29/2015	Date of Injury:	03/15/1990
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 70-year-old male who reported an injury on 03/15/1990. The mechanism of injury was not provided. He is diagnosed with lumbago and displacement of thoracic/lumbar intervertebral disc without myelopathy. The injured worker underwent lumbar fusion revision surgery from L3-S1 on 03/01/2013. His past treatments have included pain management with medications, physical therapy, and activity modification. At his followup appointment on 12/08/2014, the injured worker's symptoms included low back and hip pain. His medications were noted to include Norco, naproxen, Gralise, trazodone, and tizanidine. Physical examination revealed ongoing tenderness to the lumbar paraspinal muscles and normal neurological findings. The treatment plan included a trial of Botox injections to see if it would help with his low back pain, reduce his intake of Norco, and improve his functional status. A course of physical therapy was recommended, along with Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 trial of Botox injections, 400 units for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Broadspire Medical Advisory: Botulinum toxin injections

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

Decision rationale: According to the California MTUS Guidelines, Botox is not generally recommended for chronic pain disorders, but may be recommended for cervical dystonia. The guidelines also specifically state Botox is not recommended for tension type or migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, or to be used with trigger point injections. The clinical information submitted for review indicated that the injured worker had chronic low back pain with significant tenderness to this area. However, as the guidelines specifically state Botox is not recommended for chronic pain or myofascial pain syndrome, the request is not supported. As such, the request is not medically necessary.