

Case Number:	CM15-0013684		
Date Assigned:	02/03/2015	Date of Injury:	07/24/2006
Decision Date:	03/30/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/23/2015

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, Arizona

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 46-year-old male who reported an injury on 07/24/2006 due to an unspecified mechanism of injury. On 01/09/2015, he presented for a followup evaluation. He reported low back pain with radiation of symptoms down to the left lower extremity. It was noted that he had been managing his symptoms with the use of his medications. He was taking Ultram 150 mg twice a day, ibuprofen 800 mg twice a day. He was also taking psychotropic medications and Nexium for his dyspepsia. A physical examination showed a hard nodule on the left side of the abdomen region. It was noted that this was painful when he performed Valsalva maneuver, and he also had problems when he would cough or sneeze. He was diagnosed with chronic low back pain status post lumbar global fusion and depression secondary to chronic pain and insomnia secondary to chronic pain. The treatment plan was for Botox injection 400 units to the lumbar spine to treat the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection 400 Units Lumbar Spine: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not generally recommend Botox injections for chronic pain disorders unless it is for the treatment of cervical dystonia. The documentation provided does not indicate that the injured worker has a diagnosis of cervical dystonia or that he has any significant functional deficits to support the request. There is also a lack of documentation showing that he has tried and failed recommended conservative care prior to the request for an injection. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.