

<b>Case Number:</b>	CM15-0015375		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	10/26/2009
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Massachusetts

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 55 year old male, who sustained an industrial injury on 10/26/2009. The diagnoses have included low back pain. Treatment to date has included pain medications. According to the Primary Treating Physician's Progress Report dated 12/29/2014, the injured worker complained of low back pain. Medication brought the pain down from 7/10 to 5/10 and allowed him to be more functional. The injured worker reported not having any muscle relaxers in a long time and had noticed a flare up. Current medications included Norco, Elavil, Relafen, Lexapro and Flexeril. Objective findings revealed tenderness to palpation of the paraspinal muscles of the lumbar spine, greater on the left. He had increased pain with restricted range of motion of the lumbar spine. Authorization was requested for Botox injection 400 units and physical therapy 8 sessions. On 1/16/2015, Utilization Review (UR) non-certified requests for a Botox Injection 400 units to the paraspinal muscles of the lumbar spine and physical therapy times eight sessions. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (Botox; Myobloc) Page(s): 25-26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin, p61-62 Page(s): 61-62.

**Decision rationale:** The claimant is more than 4 years status post work related injury and continues to be treated for low back pain. A recent flare is documented by the requesting provider with physical examination findings of paraspinal muscle tenderness with restricted and painful range of motion. Botox is not recommended for the treatment of myofascial pain. Indications for the use of Botox include the treatment of cervical dystonia to decrease the severity of abnormal head position. Cervical dystonia is a focal dystonia and is characterized by involuntarily neck muscle contraction which causes abnormal head positioning. The presence of cervical dystonia is not documented in this case. Therefore Botox is not medically necessary.

**Physical therapy times 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

**Decision rationale:** The claimant is more than 4 years status post work related injury and continues to be treated for low back pain. A recent flare is documented by the requesting provider with physical examination findings of paraspinal muscle tenderness with restricted and painful range of motion. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.