

<b>Case Number:</b>	CM15-0018773		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	01/21/1998
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 48-year-old male who reported an injury on 01/21/1998 due to an unspecified mechanism of injury. On 12/18/2014, he presented for a followup evaluation regarding her work related injury. He reported that he was going through withdrawal symptoms and reported intermittent left leg weakness occasionally with both legs and more pain in the left leg radiating bilaterally into the lateral aspect of his left foot. He also reported low back pain at 7/10 to 9/10, left sided leg pain at 5/10 to 8/10, and right sided leg pain at 3/10. A physical examination showed lumbar flexion of 50% and extension of 15%. Deep tendon reflexes were 2+ and trace at the right knee and trace on the left knee. Motor examination was intact except for 3/5 dorsiflexion of the left ankle. Muscle triggers of the upper gluteus were noted bilaterally with a twitch response and radiation and there was left sided SI joint pain much less due to blocks. He had a positive straight leg raise on the left at a sitting and standing at 50% and bilateral midthoracic muscular spasms with triggers with a twitch response and radiating pain. He was diagnosed with status post lumbar fusion, chronic pain, reactive dysphoria much improved, right knee pain status post surgical intervention, SMP, left SI joint dysfunction with piriformis spasticity, and left sided radiculopathy at the L5. The treatment plan was for 10 Botox injections, 1 for the bilateral iliac, 4 for the left gluteal muscle, 1 for the right piriformis, and 3 for the left buttock. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Botox injections (1 bilateral iliac, 4 left gluteal muscles, 1 right piriformis, 3 left buttock) 100 IU total (10 IU each): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines do not recommend the use of Botox injections except for treating cervical dystonia. The documentation provided for review does not state that the injured worker has a diagnosis of cervical dystonia or that he has signs and symptoms consistent with cervical dystonia to support the request. Also, there is a lack of documentation showing that he has tried and failed all other recommended conservative therapy options. 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.