

Case Number:	CM15-0149690		
Date Assigned:	09/03/2015	Date of Injury:	09/29/1993
Decision Date:	10/06/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old woman sustained an industrial injury on 9-29-1993. The mechanism of injury is not detailed. Diagnoses include lumbar spine degenerative disc disease, lumbar facet arthropathy, lumbar spinal stenosis, reflex sympathetic dystrophy of the upper and lower limb. Treatment has included oral and topical medications, intrathecal pain pump, Botox injection, spinal cord stimulator trial, H-wave therapy, and use of a left knee brace and body brace. Physician notes dated 7-15-2015 show complaints of left knee and increased low back pain rated 7 out of 10. Recommendations include repeat Botox injection and back brace to be worn as needed, but not continuously.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Botox injections 200 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox (botulinum toxin).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Botox.

Decision rationale: Pursuant to the Official Disability Guidelines, 1 Botox injection 200 units is not medically necessary. Botox is not recommended for most chronic pain conditions. Botox is not recommended for tension type headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. Botox is recommended for cervical dystonia; spinal cord injury; spasticity following TBI; and migraine. The criteria for Botox for the prevention of chronic migraine headaches are enumerated in the Official Disability Guidelines. Continuing treatment for ongoing prevention requires frequency of at least seven days per month; or duration was produced by at least 100 hours per month (compared to pretreatment). In this case, the injured worker's working diagnoses are lumbar DDD; lumbar facet arthropathy; lumbar spinal stenosis; RSD upper limb; and RSD lower limb. The date of injury is September 29, 1993. The injured worker sustained a recent fall with injury to the thoracic spine. According to a June 19, 2015 progress note the injured worker sustained a thoracic spine compression fracture. The injured worker was hospitalized in June 20, 2015 to June 26, 2015. According to a July 15, 2015 progress note, the injured worker received a body brace which controlled the thoracic spine pain. The documentation also indicates the injured worker received prior Botox injections for migraine headaches. There are no descriptive terms referencing migraine headaches. The (pre-treatment) documentation does not state migraine headaches occur within 15 days per month with headaches lasting four hours a day or longer and whether the injured worker responded to at least three prior first-line migraine headache prophylaxis medications. Additionally, the documentation does not state whether there was objective functional improvement with prior Botox. The guidelines require (post-treatment) the frequency (migraine headaches) is reduced by at least seven days per month. This is not documented in the record. The guidelines recommended duration be reduced by at least 100 hours per month. This is not documented in the medical record. Based on clinical information and medical record, peer-reviewed evidence-based guidelines and the lack of clinical documentation referencing objective functional improvement and reduction in frequency by at least seven days per month, 1 Botox injection 200 units is not medically necessary.

1 back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, one back brace is not medically necessary. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Additionally, lumbar supports to not prevent low back pain. In this case, the

injured worker's working diagnoses are lumbar DDD; lumbar facet arthropathy; lumbar spinal stenosis; RSD upper limb; and RSD lower limb. The date of injury is September 29, 1993. The injured worker sustained a recent fall with injury to the thoracic spine. According to a June 19, 2015 progress note the injured worker sustained a thoracic spine compression fracture. The injured worker was hospitalized in June 20, 2015 to June 26, 2015. According to a July 15, 2015 progress note, the injured worker received a body brace which controlled the thoracic spine pain. There is no clinical indication or rationale in the medical record indicating why a lumbar brace is now recommended when the body brace provided upon discharge from the hospital controls the thoracic spine pain secondary to the compression fracture. This is documented in the July 15, 2015 progress note. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation the body brace provides adequate pain control and guideline non-recommendations for a lumbar support, one back brace is not medically necessary.