

<b>Case Number:</b>	CM15-0177808		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	08/20/2009
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 27 year old male, who sustained an industrial injury on 8-20-2009. The medical records indicate that the injured worker is undergoing treatment for spastic paraplegia. According to the progress report dated 6-1-2015, the injured is currently in a walking program, but has bilateral lower extremity spasticity, which limits heel contact and exacerbates toe catching. This is despite stretching in a standing frame. The physical examination reveals 0 out of 5 motor strength in the bilateral lower extremities and 2 out of 4 Ashworth in the bilateral ankles. The current medications are Marinol, Docusate Sodium, Senna, Desyrel, Flector patch, Baclofen, Buspar, Lyrica, Oxycodone, Ativan, Viibryd, and Ditropan. Treatment to date has included medication management and 3 rounds of Botox injections. The injured worker admits to very minimal benefits with the last injections. Work status is described as "off work". The original utilization review (8-17-2015) had non-certified a request for Botox injection to the bilateral gastrocnemius.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injection 200 units of the bilateral gastrocnemius: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

**Decision rationale:** The MTUS addresses use of Botox in chronic pain, stating that it is not typically recommended for chronic pain, but may be utilized in cases of cervical dystonia. Cervical dystonia is a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. When treated with BTX-B, high anti-genicity limits long-term efficacy. Botulinum toxin A injections provide more objective and subjective benefit than trihexyphenidyl or other anticholinergic drugs to patients with cervical dystonia. While this patient is dealing with spasticity of the lower extremities (spastic paraplegia), I am in agreement with the utilization review analysis indicating that the treatment may be warranted. However, it appears that the patient is no longer interested in the procedure, and therefore the request is not supported by the provided documents. Given that the patient no longer wishes to proceed with this elective procedure, the request cannot be considered medically necessary.