MAXIMUS Federal Services

Case Number:	CM15-0178304		
Date Assigned:	09/18/2015	Date of Injury:	09/23/2011
Decision Date:	10/22/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/10/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 is a 37 year old female with a date of injury of September 23, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for myofascial pain from the cervical spine to the lumbar spine, and headaches. Medical records dated April 21, 2015 indicate that the injured worker complains of pain levels rated at a level of 4 out of 10 with medications, and "Moderate to severe" without medications. Records also indicate that the injured worker is able to do activities of daily living and pat time work with medications. A progress note dated June 16, 2015 notes subjective complaints of pain levels rated at 3 out of 10 with medications and 8 out of 10 without medications and average pain level of 5 out of 10. A progress note dated August 11, 2015 notes subjective complaints of ongoing thoracic, back, and neck pain unchanged from the last visit. Per the treating physician (August 11, 2015), the employee has work restrictions including no lifting, pushing, or pulling greater than 5 pounds, no bending or stooping, and no prolonged sitting or standing. The physical exam dated April 21, 2015 reveals equal deep tendon reflexes throughout the bilateral upper extremities and no upper tract findings. The progress note dated August 11, 2015 documented a physical examination that showed normal muscle strength in the lower and upper extremities, full range of motion of the lumbar spine, cervical spine forward flexion of 25 to 30 degrees with upper back soft tissue prominence, axial low back pain with extension and oblique extension, and tenderness over the cervical, thoracic, and lumbar paraspinal muscles. Treatment has included electromyogram-nerve conduction study (date not documented) that showed normal findings, unknown number of physical therapy sessions, unknown number of chiropractic treatments, unknown number of

acupuncture sessions, and medications (Norco and Ibuprofen since at least February of 2015), and magnetic resonance imaging of the cervical spine (date of report not available) that showed straightening of cervical lordosis, slight posterior extension of the disc annulus at C4-5, annular bulge at C5-6 with minimal disc narrowing, and posterior extension of disc annulus with minimal dorsal disc height loss at C6-7). The original utilization review (August 25, 2015) non-certified a request for a trial of Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Botox Injections, unspecified quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Botox.

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

Decision rationale: In this case, the claimant has persistent back pain despite undergoing oral medications and swimming. Although Botox is an option and may be beneficial, the amount, location and frequency of the injections was not specified. As a result, the request for the Botox is not medically necessary.