

Case Number:	CM15-0062165		
Date Assigned:	04/08/2015	Date of Injury:	08/20/2009
Decision Date:	05/14/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/01/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 26 year old male, who sustained an industrial injury on 8/20/09. He reported back injury. The injured worker was diagnosed as having T8 ASIA C paraplegia with spastic bilateral gastrocs. Treatment to date has included T6-T10 posterior spinal instrumentation and fusion, revision of thoracic spine fixation, physical therapy, walking program, Botox injections and oral medications. Currently, the injured worker complains of lower extremity spasticity. The injured worker states his ankles are looser and he can tolerate his walking program better following Botox injections. Physical exam noted injured worker wheeled himself in a manual wheelchair; decreased, impaired sensation is noted form T8 distally with decreased motor and tone of bilateral lower extremities. The treatment plan included repeat Botox injections to bilateral gastrocnemius and follow up appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 100 units for bilateral lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, botox.

Decision rationale: Recommended for spasticity following TBI and spinal cord injury. Findings from multiple clinical trials suggest that Botulinum toxin A may be useful in the management of spasticity following traumatic brain injury and spinal cord injury. (Fock, 2004) (Fransisco, 2002) (Pavesi, 1998) (Smith, 2000) (Verplancke, 2005) The medical records provided for review do document physical presence of spasticity present on examination and does quantify specific degree of improvement in regard to movement and range of motion from previous Botox treatment. As such, the medical records do support treatment of Botox at 100 units. Therefore this request is medically necessary.