

Case Number:	CM15-0063884		
Date Assigned:	04/09/2015	Date of Injury:	02/13/2008
Decision Date:	05/19/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/03/2015

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

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:

This 50 year old sustained an industrial injury to the cervical spine on 2/13/08 with subsequent quadriplegia. The injured worker had been hospitalized since June of 2014, receiving treatment for multiple medical problems including quadriparesis, neurogenic bladder, chronic urinary tract infection with indwelling Foley catheter, bilateral nephro-ureterolithiasis, chronic back pain, chronic depression, morbid obesity, respiratory insufficiency secondary to morbid obesity and muscle weakness due to spinal stenosis on chronic bi-level positive airway pressure (BiPAP), chronic constipation and recurrent intertrigo and skin infections. A physical therapy note dated 3/20/15, indicated that the injured worker presented with equinovarus deformity of the left ankle with decreased range of motion. The injured worker was using a soft ankle brace. The injured worker was recently fitted for bilateral ankle foot orthotics (AFO). In a PR-2 dated 3/5/16, the injured worker reported that she could not get the full benefit of her AFO boot because she could not get her ankle into the boot properly. A physical therapy and occupational therapy report noted that the injured worker was not receiving therapeutic affect due to increased tone and limited range of motion of the left ankle. Physical therapy recommended a physician consultation Botox injections for tone reduction and increased range of motion to allow the AFO boot to fit properly in order to increase tolerance for upright and weight bearing therapeutic activities. Current diagnoses included spinal cord injury and cervical myelopathy. The treatment plan included a consult for Botox injections and a physical medication and rehabilitation consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a PM&R (cervical, left ankle): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 362. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, page 127, consult.

Decision rationale: This patient presents with left ankle and lower back pain. The Request for Authorization is dated 03/17/15. The current request is for CONSULTATION WITH A PM&R (CERVICAL, LEFT ANKLE). The American College of Occupational and Environmental Medicine, ACOEM, second edition 2004 chapter 7, page 127 states that "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or the examinees fitness for return to work." Physical therapy report from 03/05/15 states that the patient has equinovarus deformity of the left ankle with decrease range of motion. The physical therapist recommended pain management consultation and Botox injections "to address and help with the equinovarus deformity and increase ROM for better fitting with ankle foot orthosis and increase upright and weight bearing tolerance with functional activities." The patient is currently utilizing the medications Ritalin, MS Contin, Cymbalta, Elavil, Ativan, Valium and oxycodone. ACOEM practice guidelines indicate that a physician may referral the patient for outside consultation when the course of care could benefit from a specialist. Given the patient's condition and medication intake, a pain management specialist consult is indicated by ACOEM guidelines. This request IS medically necessary.

Left ankle Botox injection: 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): 25-26. Decision based on Non-MTUS Citation ankle and foot chapter, Botulinum toxin.

Decision rationale: This patient presents with left ankle and lower back pain. The Request for Authorization is dated 03/17/15. The current request is for LEFT ANKLE BOTOX INJECTION. The MTUS Chronic Pain Medical Treatment Guidelines, pages 25-26 for Botulinum toxin (Botox; Myobloc) states, "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia." The ODG guidelines under the Ankle/Foot chapter has the following regarding Botulinum toxin, "Under study for plantar fasciitis. There is

limited evidence at this point. A small RCT concluded that botulinum toxin A injection for plantar fasciitis yields significant improvements in pain relief and overall foot function at both 3 and 8 weeks after treatment. (Babcock, 2005) This review concluded that the weight of evidence is in favor of BTX type A as a treatment in plantar fasciitis." Physical therapy report from 03/05/15 states that the patient has equinovarus deformity of the left ankle with decrease range of motion. The physical therapist recommended pain management consultation and Botox injections "to address and help with the equinovarus deformity and increase ROM for better fitting with ankle foot orthosis and increase upright and weight bearing tolerance with functional activities." The MTUS guidelines do not recommend Botox injections for chronic pain disorders and ODG states that it is under study for plantar fasciitis. There is no support for Botox injections to address decreased ROM of the ankle. The requested Botox IS NOT medically necessary.