

<b>Case Number:</b>	CM15-0065017		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	04/19/1992
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: North Carolina, Georgia  
 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:

The injured worker is a 48 year old female patient who sustained an industrial injury on 04/19/1992. A primary treating office visit dated 03/18/2015 reported the patient with subjective complaint of ongoing low back pain and thoracic pain. Her current pain level is a 7 out of 10 in intensity. Of note, the recent urine drug screen was consistent with prescribed medications. Current medications are: Vicoprofen, Ultracet, Neurontin, Trazadone, Effexor, and Colace. She is allergic to codeine. Objective findings showed lumbar spine with tenderness to palpation over the paraspinal muscles bilaterally. She has decreased and painful range of motion. She has undergone magnetic resonance imaging. She is diagnosed with chronic low back pain and lower thoracic pain. The plan of care involved: refilling Vicoprofen, Ultracet, Neurontin, Trazadone, and Effexor ER. The doctor is recommending 6 sessions of acupuncture, Botox injection, obtain a urine drug screen, and follow up in one month. On a follow up visit dated 12/22/2014 the patient was with subjective complaint of chronic low back pain. She does mention getting some benefit from the Botox injection at the last visit. There is no change in the medication regimen. The plan of care involved continuing with present medication regimen and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Botox injection 400 units to the lumbar (lower back) paraspinal muscles: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Botox Injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 25-26.

**Decision rationale:** CA MTUS states that botulinum toxin is not generally recommended for chronic pain syndromes. It is not recommended for use in tension headache, migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. It may be indicated for cervical dystonia or for low back pain under certain conditions. Use in chronic low back pain may be considered when there has been a favorable initial response and it is used in conjunction with a functional restoration program. In this case, the Botox is not being used in conjunction with a functional restoration program and is therefore not medically necessary.