

<b>Case Number:</b>	CM15-0073127		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	08/27/1991
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This 61 year old woman sustained an industrial injury on 8/27/1991. The mechanism of injury is not detailed. Diagnoses include low back pain. Treatment has included oral medications and multiple surgical interventions. Physician notes dated 11/3/2014 show complaints of low back pain. Recommendations include Oxycontin, Oxycodone, Flexeril, Cymbalta, obtain results of electromyogram performed in September 2014, Botox injections, physical therapy, and follow up in two months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Botox 400 units:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Botox.

**Decision rationale:** Pursuant to the Official Disability Guidelines, retrospective Botox 400 units is not medically necessary. Botox is not recommended for most chronic pain conditions. Botox is not recommended for tension type headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. Botox is recommended for cervical dystonia; spinal cord injury; spasticity following TBI; and migraine. In this case, the injured workers working diagnoses are low back pain; status posts multiple surgeries in 1993 x1 and 1996 x3. Botox is not recommended for most chronic pain conditions. Botox is not recommended for chronic neck pain, myofascial pain syndrome, tension headaches, fibromyositis. Botox is recommended for cervical dystonia; spinal cord injury; spasticity following TBI; and migraine. The injured worker's date of injury is August 27, 1991. The injured worker's current medications (as of November 3, 2014) were OxyContin, oxycodone and Flexeril. The injured worker does not have any of the following conditions: cervical dystonia; spinal cord injury; spasticity following TBI; and migraine. There were no clinical indications for Botox documented in the medical record. There were no objective findings documented in the progress note November 3, 2014. Objective changes were "unchanged". Consequently, absent clinical documentation with a clinical indication and rationale for Botox, retrospective Botox 400 units is not medically necessary.

**Retrospective request: physical therapy eight session:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 8 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are low back pain; status post multiple surgeries in 1993 and 1996. Botox is not recommended for most chronic pain conditions. Botox is not recommended for chronic neck pain, myofascial pain syndrome, tension headaches, fibromyositis. Botox is recommended for cervical dystonia; spinal cord injury; spasticity following TBI; and migraine. The injured worker's date of injury is August 27, 1991. The injured worker's current medications (as of November 3, 2014) were OxyContin, Oxycodone and Flexeril. The injured worker does not have any of the following conditions: cervical dystonia; spinal cord injury; spasticity following TBI; and migraine. The treating provider requested concurrent physical therapy (along with the Botox). The date of injury is 24 years old. There are no objective findings documented in the November 3, 2014 progress note. There are no physical therapy notes documented in the medical record although the injured worker likely underwent multiple physical therapy sessions based on prior surgeries. There are no compelling clinical facts in the medical record indicating physical therapy is warranted. Consequently, absent clinical documentation with compelling clinical facts showing additional physical therapy is warranted, physical therapy 8 sessions is not medically necessary.