

Case Number:	CM15-0090913		
Date Assigned:	05/15/2015	Date of Injury:	12/09/2005
Decision Date:	06/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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(n) 61 year old male, who sustained an industrial injury on 12/9/05. He reported pain in the lower extremities. The injured worker was diagnosed as having paraplegia, pain in lower joint and osteoarthritis of the lower leg. Treatment to date has included Dysport injection on 1/5/15 and Zanaflex. As of the PR2 dated 4/13/15, the injured worker reports left lower leg spasticity and increased stiffness. The treating physician noted moderate spasticity in the left leg, left knee range of motion 10 to 90 degrees and no crepitation with range of motion. The treating physician requested Dysport injection 1000 unit to the left leg 1x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dysport injection (1000 units) left leg 1x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Extremity Pain: Treatment Consideration.

Decision rationale: Dysport injection (10000 units) - left leg 1x1 is not medically necessary. Per CA MTUS page 26, Botox is recommended for the treatment of cervical dystonia and/or chronic low back pain in conjunction with a functional restoration program. The medical records lack documentation of a clear indication for Dysport injection. Additionally, the request is without pairing of a functional restoration program; therefore, the requested service is not medically necessary.