

Case Number:	CM14-0148225		
Date Assigned:	09/18/2014	Date of Injury:	09/12/2003
Decision Date:	10/23/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 69-year-old female who sustained an injury on 9/12/03. On 07/12/14, she complained of low back pain and neck pain. There was moderate spasm across the low back, along paraspinal musculature and along bilateral rhomboids with tight bilateral upper trapezius. Her pain was 4/10 in the low back area and neck. There was reduced, but prominent spasm to the left thoracolumbar paraspinal musculature and bilateral upper trapezial musculature with bilateral shoulder pain. Pain was located in frontal head, right neck, left mid back, bilateral low back and left gluteal area. On 8/7/14, she complained of increasing spasms in her low back. Exam revealed trigger points in the lower lumbar region especially in the paraspinals and the left lower gluteal region. Positional MRI of the cervical spine dated 10/21/04 revealed disc desiccation at C2-3, disc desiccation at C3-4, C4-5, and C5-6 with central disc bulge which produces mild spinal canal narrowing, disc desiccation at C6-7, grade I degenerative anterolisthesis of C7 on T1; loss of disc height and bilateral facet arthropathy at C7-T1, moderate hypolordosis in the neutral seated position with forward head posture, and hemangioma at C7. Her current medications include Relafen 750 mg and Cymbalta 60 mg. Past treatments have included benefits from trigger point therapy, physical therapy, acupuncture and yoga. On 8/6/14, she was referred for Botox injection for severe lumbar paraspinal spasms and myofascial trigger points. Diagnoses include status post work-related injury with resultant chronic pain syndrome and low back pain and major depression with probable post-traumatic stress disorder. The request for injection of Botox for the lumbar paraspinal, quantity #1 was denied on 08/27/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of Botox for the Lumbar Paraspinal, Quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbago, Neuralgia/Neuritis NOS.

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

Decision rationale: According to MTUS guidelines, Botulinium Toxin (Botox) is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. "Cervical dystonia, a condition that is not generally related to workers' compensation injuries, and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions". Botox is not indicated and is not FDA approved for the treatment of low back pain. Therefore, the request is not medically necessary.