

Case Number:	CM13-0001223		
Date Assigned:	05/02/2014	Date of Injury:	06/21/2002
Decision Date:	06/09/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/11/2013

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 & 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 patient is a 60 year old female who was injured on 06/21/2002. The mechanism of injury is unknown. Urinalysis dated 11/26/2012 detected Codeine, morphine, hydrocodone, hydromorphone, butalbital, and acetaminophen all detected and this is consistent with butalbital, codeine, and Fiorinal. PR-2 dated 05/30/2013 indicates the patient presents with complaints of neck and back pain. She states her back pain is causing her the most pain and rates it at an 8/10. Her low back pain is rated at 4/10. She reports some relief of her neck and upper back pain following trigger point injections. She does note increased muscle spasms in acupuncture. She has recently been authorized for an epidural at C6-C7. Her medications included Norco, Lyrica, Xanax, Soma, and Klonopin. Objective findings on exam reveals neck range of motion exhibits flexion to 30 degrees, extension to 20 degrees and left and right lateral bend to 10 degrees; left and right rotation to 40 degrees. Anterior and posterior cervical surgical scars are noted. There is currently negative facet loading in the cervical spine. Muscle spasm in the left lumbar paravertebral muscles. Diagnoses are upper back and neck myofascial pain syndrome, chronic pain syndrome, degenerative disk disease in the cervical spine, and myofascial pain syndrome right upper lumbar paravertebral muscles. The treatment and plan includes an epidural at C6-C7. She is instructed to continue home exercise program. She will receive trigger point injections into the left lumbar paravertebral muscles for therapeutic purposes to decrease pain and increase function. Her Norco medication will be decreased as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTION FOR THE HEAD AND NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin, Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox:Myobloc), Page(s): 125-126.

Decision rationale: According to MTUS guidelines, Botulinum Toxin (Botox) is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. The medical records do not point to the diagnosis of cervical dystonia, and the clinical presentation correlates to the provided diagnoses (Myofascial pain and DDD of the cervical spine). Therefore, the Botox injections for the head and neck are not medically necessary according to the guidelines.