

Case Number:	CM13-0007863		
Date Assigned:	09/09/2013	Date of Injury:	09/12/2011
Decision Date:	01/21/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York and Tennessee. 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 physician 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 51-year-old female who had complaints of persistent neck pain, upper, middle, and lower back pain, and left shoulder pain. Injury occurred on September 12, 2011 when the patient lifted 6 legal note pads above her head to a shelf that was one foot above her head. MRI of cervical spine was done on December 5, 2011 and showed cervical canal narrowing at multiple levels due to annular bulges. With moderate left neural foraminal stenosis. She was diagnosed with cervical facet syndrome, cervical disc disorder, and muscle spasm. Claims for trial of botox injections to head and neck region, 200 units, 8 sessions of physical therapy, and 12 sessions of Biofeedback were submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial box of Botox injections to head and neck region, 200 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatment Page(s): 26.

Decision rationale: The Physician Reviewer's decision rationale: Chronic Pain Medical Treatment Guidelines state that Botox is not generally recommended for chronic pain disorders.

It is not recommended for tension type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. Systematic reviews have stated that current evidence does not support the use of Botox for mechanical neck disease.