

Case Number:	CM13-0011447		
Date Assigned:	04/23/2014	Date of Injury:	06/13/2011
Decision Date:	06/09/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/15/2013

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 Occupational Medicine 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:

Injured worker is a male with date of injury 6/13/2011. Per comprehensive progress note, the injured worker continues to remain entirely stable with no new problems. He is alert, awake and reached out with his right hand to clasp the physician's hand. He continues to eat well and though he has issues with constipation he has been stable with the use of suppositories. On exam his vitals are stable, he is alert and sitting up in chair watching television. His lungs are clear, heart has regular rhythm with no murmur or gallop. Abdomen is soft, nontender, and bowel sounds are active. Extremities have no edema. Diagnoses include: 1) hydrocephalus, status post VP shunt 2) left hemiplegia and right hemiparesis 3) cognitive and language impairment, he does not speak 4) seizure disorder 5) chronic constipation as noted 6) hypertension 7) intermittent urinary retention 8) recent episode of left-sided parotitis, resolved.

IMR ISSUES, DECISIONS AND RATIONALES

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

200 UNITS OR 600 UNITS BOTOX INJECTIONS (EMG-GUIDED) TO UPPER EXTREMITY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment For Workers' Compensation, Head Procedure Summary Last Updated 6/4/2013.

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

Decision rationale: The injured worker has right spastic hemiparesis, and the requesting physician states that the botox treatment is needed for spasticity. The application for independent medical review also reports that this request is a quality of life medical issue and should be awarded for continuing care. The claims administrator reports acknowledges that the guidelines recommend botulinum toxin for spasticity following traumatic brain injury. The claims administrator reports that the severity of the spasticity is not outlined in the documentation, and that there is no specific documentation regarding antispasticity medications tried and failed along with maximum dosage achieved. Review of the clinical notes provided for review, including the physical therapy and occupational therapy notes, clearly demonstrate that the injured worker could benefit from botulinum toxin injections. This treatment is recommended by the guidelines for the injured worker's condition. The request for 200 units or 600 units Botox injections (EMG-guided) to upper extremity is determined to be medically necessary.