

Case Number:	CM13-0014991		
Date Assigned:	12/11/2013	Date of Injury:	07/11/2012
Decision Date:	02/04/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/20/2013

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 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 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.

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 41-year-old male with a reported date of injury on 07/11/2012. The patient presented with left shoulder pain concentrated in the trapezius, cramping in the left trapezius muscle, tenderness to the left trapezius, and numbness in the left fingertips, left ring, and left pinky fingers. The patient had diagnoses including sprain/strain of cervical spine, strain of the shoulder, trapezius muscle, left, elbow contusion right, arm paresthesia, and history of cervical spine surgery. The physician's treatment plan included request for 1 Botox 100 unit for injection and 1 injection to left trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) Botox 100 unit for injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

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

Decision rationale: The California MTUS guidelines not Botox injections are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Botox is not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. The guidelines recommend the use of Botox for cervical dystonia and chronic low back pain, if a favorable initial response predicts

subsequent responsiveness, as an option in conjunction with a functional restoration program. Within the provided documentation, it was noted the patient had muscle spasms in the left trapezius muscle, for which the Botox was being requested. The guidelines do not recommend the use of Botox injections for patients with trigger points. The guidelines recommend the use of Botox for patients with cervical dystonia and chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. Within the provided documentation, it did not appear the patient had a diagnosis that would indicate the patient's need for Botox injection. Therefore, the request for 1 Botox 100 unit for injection is neither medically necessary nor appropriate.

One (1) injection to left trapezius: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

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

Decision rationale: The California MTUS guidelines not Botox injections are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Botox it not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. The guidelines recommend the use of Botox for cervical dystonia and chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. Within the provided documentation, it was noted the patient had muscle spasms in the left trapezius muscle, for which the Botox was being requested. The guidelines do not recommend the use of Botox injections for patients with trigger points. The guidelines recommend the use of Botox for patients with cervical dystonia and chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. Within the provided documentation, it did not appear the patient had a diagnosis that would indicate the patient's need for Botox injection. Therefore, the request for 1 injection to left trapezius is neither medically necessary nor appropriate.