

Case Number:	CM13-0015650		
Date Assigned:	01/15/2014	Date of Injury:	03/05/1999
Decision Date:	03/24/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/23/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 59 yo female who sustained an injury on 03/15/1999 as a result of cumulative trauma. She has diagnosis of chronic neck pain s/p cervical decompression and cervigogenic headaches. She complains of neck pain and on exam has evidence of cervical spasm with a normal neurologic exam. She has been receiving therapy with Botox injections. Her treating provider has requested Botox injections 200units q 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injections 200 units q 3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-29.

Decision rationale: Botox injections are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Recent systematic reviews have stated that current evidence does not support the use of BTX-A trigger point injections for myofascial pain. The documentation indicates that claimant has been receiving Botox injection therapy every 3-4 months for the past 2 years. She has cervical muscle spasm as a result of poor neck posture from

muscle spasm caused by an injury. There is no documentation of any prolonged effect from this therapy. There is no documentation of previous tried and failed conservative and interventional therapies. Botox therapy is not indicated for the treatment of muscle spasms. Medical necessity for the requested item has not been demonstrated. the requested item is not medically necessary.