

Case Number:	CM13-0018584		
Date Assigned:	11/06/2013	Date of Injury:	06/13/2000
Decision Date:	01/13/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/30/2013

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 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. 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:

Following an injury that took place in 2001, on May 14 2013 the claimant underwent a stellate ganglion block for Complex Regional Pain Syndrome [CRPS]. The claimant was seen by a Neurologist on July 25 2013, she reported a 5 month relief of symptoms with stellate and ulnar block with Botox. With relapse of symptoms ; allodynia and dystonia, her physical examination was normal. Request for repeat Botox injections were denied, thus the appeal

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections to cervical/ bilateral U/E, ulnar and stellate block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox® , Myobloc®), and Chronic Pain Medical Tre.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox® , Myobloc® Page(s): 25.

Decision rationale: According to Medical Treatment Utilization Schedule (MTUS) Guidelines, Botulinum toxin (Botox® , Myobloc®), is not generally recommended for chronic pain disorder, except for cervical dystonia which has not been documented in this patient, hence the request for Botox injections to cervical/ bilateral U/E, ulnar and stellate block is not medically necessary

