

<b>Case Number:</b>	CM13-0019173		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	05/27/1998
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 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 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:

The injured worker is a 53-year-old male with a reported injury on 05/27/1998. The mechanism of injury was not provided. The clinical note dated 09/04/2013 noted the provider recommended Myobloc injections which the injured worker had in the past with good results. The injured worker reported increased range of motion and increased functional daily living after the injections. The injured worker's average pain with the injections was 2/10 and without the injections was 7/10. The provider indicated the injections provided the injured worker with 75% pain relief from his usual pain and noted without the injections the injured worker only got 10% pain relief. With the injections, the injured worker was able to function at a level of 8/10 and without the injections the injured worker was able to function at a level of 1/10. For instance, after the injections the injured worker was able to cook meals, do laundry, walk, go to the dog park, get in and out of vehicle and hold a book to read. Before injections those tasks were nearly impossible. The injured worker had an examination on 01/09/2014 with complaints of pain in the upper back and in his right arm where he described the pain as sharp, dull, aching, tingling, electrical, and burning. He rated his pain at a level of 7/10 to 8/10 with a level of function about a 5/10 to 6/10. Prior treatments included ice and heat. The injured worker also had previous Myobloc injections. The provider noted the injured worker denied participating in any physical therapy or massage therapy at that time. The list of medications included Norco, Flector patches, and Flexeril. Upon examination, there was evidence in his shoulders of mild spasms and limited range of motion bilaterally with flexion, extension, abduction, and adduction due to pain. Grip strength to his hands bilaterally was decreased. Diagnoses included repetitive strain of the upper extremities with myofascial pain, bilateral epicondylitis, and carpal tunnel syndrome. The treatment plan included recommendations for a refill of the injured worker's medications and a

localized injection of corticosteroid. The request for authorization and the rationale for the request were not provided within the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Repeat Cervical Myobloc Injection Times 1- 5,000 Units of Botulinum Toxin Type B Performed in the office: 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 (Botox; Myobloc) Page(s): 25-26.

**Decision rationale:** The injured worker has a history of having previous Myobloc injections previously which provided him functional improvement and improvement in pain. The injured worker's average pain with the injections was 2/10 and without the injections was 7/10. The provider indicated the injections provided the injured worker with 75% pain relief from his usual pain and noted without the injections the injured worker only got 10% pain relief. With the injections, the injured worker was able to function at a level of 8/10 and without the injections the injured worker was able to function at a level of 1/10. For instance, after the injections the injured worker was able to cook meals, do laundry, walk, go to the dog park, get in and out of vehicle and hold a book to read. Before injections those tasks were nearly impossible. The California MTUS Guidelines do not recommend the use of Botox injections for chronic pain disorders, tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and & trigger point injections. However, the guidelines recommend Botox injections for cervical dystonia. There is no evidence or documentation indicating the injured worker has a diagnosis or symptoms of cervical dystonia. The rationale for the request for the injections was not provided. The provider did not indicate how long the effects lasted with the prior injections. Therefore, the request for authorization is not medically necessary.

#### **Acupuncture 2 Times a Week for 3 Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The injured worker has had multiple complaints of his upper extremities and his numbness and tingling to both wrists and hands. The injured worker was previously treated with ice therapy and heat therapy, as well as Myobloc injections. The California MTUS Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated. It also should be used as an adjunct to physical rehab and/or as a surgical intervention to hasten functional recovery. There is no evidence of the efficacy of his pain medications and there is no evidence that the medications have been reduced or have not been tolerated. There

also was no evidence of any physical rehabilitation or future surgeries/interventions which were being planned. Therefore, the request for acupuncture 2 times a week for 3 weeks is not medically necessary.