

Case Number:	CM13-0019643		
Date Assigned:	10/11/2013	Date of Injury:	08/08/2007
Decision Date:	03/04/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/03/2013

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 9/26/13 report of [REDACTED], indicates an evaluation for thoracic pain. It noted weakness and numbness of the upper extremities and that the claimant was using a TENS unit. Botox therapy was recommended as a treatment for chronic pain of the claimant due to the limited availability to use anti-inflammatory agents, pain medications, or related issues relative to her irritable bowel condition. The 8/12/13 note of [REDACTED] reports pain in the thoracic area with a diagnosis given of thoracic outlet condition. It was requested that she be given Botox therapy to the neck and upper scapular area relative to ongoing pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Botox therapy to the neck and upper scapular area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The medical records provided for review do not indicate a condition of cervical dystonia for which Botox may be supported. The 8/12/13 note of [REDACTED] reports pain in the thoracic area with a diagnosis given of thoracic outlet condition. The medical records

report that this claimant has muscle pain for which Botox is not medically supported by the guidelines. Therefore, the requested Botox therapy is not medically necessary or appropriate.