

<b>Case Number:</b>	CM13-0020191		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/10/2011
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Occupational 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:

The patient is a 46-year-old female with a date of injury of July 10, 2011. A report dated June 11, 2013 states that the patient is having worsening pain symptoms and some numbness entailing on the right upper extremity. The report states that the Botox was used for myofascial pain and was helpful, but there are not any details about how the botox helped. The patient has had therapy, medications, a cervical fusion, and Botox. The report did not indicate improvement in function with the Botox or other results of the previous Botox injection. There is no diagnosis of torticollis, cervical dystonia, or chronic migraines. There is a note on August 23, 2013 indicating a request for physical therapy to treat with myofascial release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injection for the cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulism Toxin Page(s): 26.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines specifically state that Botox is not recommended for myofascial pain syndrome. This was the indication the physician has given for

the Botox injection. As no data on the previous injection was found and guidelines specifically do not recommend this treatment, the Botox is not medically necessary