MAXIMUS Federal Services

Case Number:	CM13-0023401		
Date Assigned:	11/15/2013	Date of Injury:	03/16/2001
Decision Date:	01/08/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine and Rehabilitation and Pain Management 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:

This patient is a female with a date of injury of March 16, 2001. A utilization review determination dated September 3, 2013 recommends non-certification of Botox 300 units. The reason for non-certification is "the medical records and physical examination data do not support the presence specifically of focal cervical dystonia as a key portion of the patient's clinical presentation." A progress report dated August 22, 2013 includes subjective complaints stating, "the patient continues to note an intermittent itching sensation in the left parietal region and also at times on turning or tilting the head to the right she notes a severe pain in the left neck extending into the left occipital region and cramping, painful episodes in the right parietal occipital region. She recently saw pain management specialist [redacted], who recommended Botox injections." Objective findings identify, "as usual, the hands are held in a position of flexion at the fingers. They can be passively extended, but this causes discomfort and pain. It is also noted that now, the left 2nd, 3rd, and 4th toes are beginning to curl. Left thenar atrophy is noted. Tinel's sign is negative to tapping of the left median nerve at the wrist. As in the past, hyperpathia and allodynia is experienced in all 4 extremities and a notable tremor is present in the right lower extremity throughout the examination." Diagnoses include anxiety, depression, complex regional pain syndrome, right cubital tunnel syndrome, ulnar neuritis/neuropathy, mild lateral epicondylitis, synovitis, right [redacted] tenosynovitis, and sleep disorder. Treatment plan states, "I would also agree with [redacted] recommendation for Botox injections for control of the cranial pain, and I am formally requesting authorization for this." A progress report dated September 18, 2013 by [redacted] states, "the patient continues to experience excruciating headaches. She continues under the care of [redacted], neurologi

IMR ISSUES, DECISIONS AND RATIONALES

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

Botulinum Toxin 300 units to the cervical and suboccipital: 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 Botulinum toxin (Botox; Myobloc) Page(s): 25-27.

Decision rationale: Regarding the request for botulinum toxin, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." Within the documentation available for review, the requesting physician has suggested that the botulinum toxin will be injected for the patient's headache. Clearly, Chronic Pain Medical Treatment Guidelines do not support the use of botulinum for this diagnosis. Additionally, the requesting physician has briefly suggested that the botulinum may be used to treat mild cervical dystonia. However, there are no physical examination findings suggesting a diagnosis of cervical dystonia. Additionally, there is no indication that the patient has undergone conservative treatment in an attempt to address her dystonia. Finally, no diagnoses listed in the documentation provided for review include a diagnosis of cervical dystonia. Therefore, in the absence of documentation supporting a diagnosis of cervical dystonia, the currently requested botulinum toxin is not medically necessary.