

Case Number:	CM13-0023758		
Date Assigned:	11/15/2013	Date of Injury:	03/16/2001
Decision Date:	02/03/2014	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 Family Practice and is licensed to practice in Texas. 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 53-year-old injured worker who reported an injury on 06/25/1998. The patient's industrial injury resulted in the development of complex regional pain syndrome to the bilateral upper and lower extremities. The patient underwent spinal cord implantation with several revisions. The patient's chronic pain was also managed with trigger point injections, occipital nerve blocks, medications and psychiatric support. The patient's most recent physical findings included the inability to ambulate, hypersensitivity in both upper extremities, significant tenderness and trigger points in the lumbar musculature and parathoracic musculature. It was also noted that the patient was receiving significant benefit from their cervical spinal cord stimulator; however, the patient continued to experience chronic headaches. The patient's diagnoses included complex regional pain syndrome of the bilateral upper and lower extremities, DeQuervain's tenosynovitis, lateral epicondylitis, status post cervical spinal cord stimulator revision, medication-induced gastritis and chronic cervicogenic headaches. The patient's treatment plan included a Botox injection, continued medication usage, acupuncture treatments and trigger point injections

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): 25-26.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient does has mild cervical dystonia. However, the clinical documentation submitted for review does provide evidence that the patient has successfully been treated with trigger point injections and a spinal cord stimulator. The clinical documentation indicates that the patient needs these injections primarily for chronic intractable pain-induced headaches. The California Chronic Pain Medical Treatment Guidelines does not recommend the use of these types of injections for headache pain as there is no enough scientific evidence to support the efficacy and safety of this type of treatment. The request for botulinum toxin 300 units to the cervical and suboccipital areas is not medically necessary and appropriate.