

Case Number:	CM13-0026791		
Date Assigned:	03/19/2014	Date of Injury:	05/18/2009
Decision Date:	05/02/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/19/2013

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 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 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 patient is a 59 year old female who was injured on 5/18/08. The mechanism of injury is unknown. Prior treatment history has included an extensive course of failed treatments such as rest, ice, heat activity, use of a spinal Q-brace, physical therapy, acupuncture, self-directed stretching and strengthening exercises, and Kenalog injections, all with no long-term relief. A Sports Neurology/Pain Management note dated 8/27/13 indicated the patient presents with upper extremity pain. Objective findings on exam included tenderness and spasm in bilateral trapezius, and parascapular regions. There is decreased range of motion at bilateral shoulders (left worse than right) in all directions; motor testing 5-/5 bilateral upper extremities. The patient is diagnosed with 1) Other chronic pain; 2) Pain in joint, shoulder region; 3) Degenerative cervical intervertebral disc; 4) Cervicalgia; 5) Adhesive capsulitis of shoulder; and 6) Myofascial pain with spasm and trigger points. The patient has persistent myofascial pain and spasm with worsening pain score (7-8/10) and worsening function. A PR-2 dated 7/17/13 indicated the patient continues to have significant pain involving her cervical spine and bilateral shoulder. She has associated swelling in her left greater than right trapezius. She has difficulties with upward gazing, overhead activities, and difficulties with her activities of daily living and difficulty sleeping at night due to the pain. She has paresthesias involving her upper extremities. She notes that despite conservative treatment, her symptoms have been maintained. Objective findings on exam revealed bilateral shoulders show well-healed arthroscopic portals with forward flexion and abduction of 160 degrees, internal rotation to the SI joint and manual muscle testing is 4/5 in all planes. On examination of the cervical spine, there is severe tenderness over the paraspinal musculature and trapezius musculature bilaterally with associated fullness to palpation and painful range of motion testing. The patient is diagnosed with 1) Cervical disc disease with strain; 2) Bilateral shoulder impingement; 3) Status post left shoulder arthroscopy on 10/15/10;

4) Status post right shoulder arthroscopy on 5/27/11; 5) Status post Kenalog injection to the left shoulder along the long head of her biceps tendon on 2/29/12. An authorization is requested for ultrasound-guided intramuscular Botox Trigger point injection to be administered by [REDACTED] at [REDACTED]. It is recommended that the patient continues with ice, anti-inflammatories, self-directed stretching and strengthening exercises and follow up will be over the 10-12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDED INTRAMUSCULAR BOTOX TRIGGER INJECTIONS X 1 BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Botulinum toxin is not generally recommended for chronic pain disorders. It is not recommended for myofascial pain or trigger points. It is recommended for cervical dystonia, which the patient does not have. Medical necessity has not been established. The request is non-certified.