

Case Number:	CM13-0027405		
Date Assigned:	11/22/2013	Date of Injury:	07/01/1994
Decision Date:	01/28/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/10/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 49-year-old female who continues to complain of severe neck pain and headache after injury sustained on July 1, 1994. Diagnoses included right shoulder impingement syndrome, cervical spondylosis with right upper extremity radiculopathy, and right carpal tunnel syndrome. The patient underwent posterior cervical fusion on May 19, 2009, removal of posterior element fixation on May 10, 2011, and anterior cervical fusion with discectomy at C3-4 on January 10, 2012. Treatment also included oral and transdermal medications. Request for authorization for one Botulism 300 unit injection was submitted in August, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

botulinum toxin 300 unit injection: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that Botox is not generally recommended for chronic pain disorders, but it is recommended for cervical dystonia. It is not recommended for tension type headache, migraine headache, fibromyositis, chronic neck pain,

myofascial pain syndrome, or trigger point injections. Systematic reviews have stated that current evidence does not support the use of Botox for mechanical neck disease. In this case, there are no recent medical records available for review. The records available dated during 2012 do not indicate that the patient is suffering from cervical dystonia. The medication is not indicated for treatment in this case.