MAXIMUS Federal Services

Case Number:	CM13-0028182		
Date Assigned:	12/27/2013	Date of Injury:	05/02/2005
Decision Date:	02/20/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/23/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 claimant is a 57 year old female biller with neck, bilateral shoulder pain, history of adhesive capsulitis/impingement and history of right cervical radiculopathy and date of injury on 05/02105. She has MRI evidence for multilevel neural foramina narrowing, C2-3\ through C6-7 bilaterally and SS/IS tendinosis/shoulder impingement syndrome. She has notable cervical dystonia/myofascial pain which has responded minimally to NSAIDs, cervical epidural injection, shoulder subacromial injection and physical therapy. She is motivated and cooperative. She continues to have notable cervical muscle spasm and limited range of motion of cervical spine and right shoulder. In the medical report dated 08/12/13, indicates that the patient has complaint of l0/10 neck pain and wants to not have cervical surgery unless it is a last resort It Is noted that she is an excellent candidate for a functional restoration program and she is motivated to gain function. Her medications include Anaprox, Terocin topical solution, Protonix, and Medrox. On exam, she is tender to palpation over the right greater than left upper trapezius muscles. She has a positive right shoulder impingement test. She has probable trigger points over the right upper trapezius and right cervical paraspinal. She has had extensive conservative management including cervical epidural and subacromion injections as well as physical therapy (PT). She declines doing a repeat cervical epidural at this time due to edema from the last injection. In the medical report dated 9/23/2013 the treating physician stated: She has not responded well to cervical epidural or physical therapy, but I feel she is an excellent candidate for FRP. Also, she is a very good candidate for botulinum toxin injection given her severe cervical dystonia from her multilevel DDD and hypertrophic cervical spondylosis which causes moderately severe effacement of subarachnoid space and narrowing of central canal at C6-C7, as well as C5-C6. PLAN: 1) Th

IMR ISSUES, DECISIONS AND RATIONALES

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

Botulinum Toxin 100 units for cervical muscles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines botox injections Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox Injections Page(s): 25-26. Decision based on Non-MTUS Citation Dystonia Medical Research Foundation http://www.dystonia-foundation.org/pages/more_info___cervical_dystonia_spasmodic_torticollis/46.php

Decision rationale: This claimant has working diagnosis of neck pain, bilateral shoulder pain, right adhesive capsulitis, right C5-C6 radiculopathy by EMG/NCV, MRI evidence for multilevel neural foraminal narrowing bilaterally at C3-C4, C4-C5, C6-C7; right greater than left, SS tendinosis and shoulder impingement syndrome. Therefore Botox injection is not medically necessary since these conditions are local orthopedic problems and not pathognomonic of cervical dystonia.