

Case Number:	CM13-0028298		
Date Assigned:	11/27/2013	Date of Injury:	11/02/1995
Decision Date:	01/29/2014	UR Denial Date:	08/23/2013
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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 11/02/1995. The primary diagnosis is cervicalgia. An initial physician review notes that the patient is a 59-year-old woman who sustained an injury to the neck, back, and right upper extremity and has been treated previously with rhizotomy to the cervical spine in October 2010 with 6 months of benefit and then no benefit from a repeat treatment in November 2012. The patient also received trigger point injections in December 2012. Previous requests for Botox have been noncertified. The treating physician submitted an appeal letter 01/26/2013 stating that this patient has cervicogenic headaches which are a form of cervical dystonia. The prior peer reviewer noted that treatment guidelines do not support the effectiveness of Botox for chronic headaches. On 09/23/2013, the treating physician again submitted a detailed followup note and appeal letter requesting Botox treatment. The treating physician notes that the patient has myofascial pain in the posterior cervical and posterior lumbar musculature and that the patient had palpable trigger points with discrete focal tenderness and that trigger point injections are needed to help with function and decrease medication use. Additionally, the treating provider has opined again that Botox units can help with the patient's cervicogenic headaches. The treating provider notes that trigger point injections work well for these headaches and requests Botox in order to indicate a need for a 3-level fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 300 units qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The MTUS Chronic Pain Guidelines state regarding Botox, "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia...a condition that is not generally related to Workers' Compensation injuries and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position...Not recommended for the following: tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections." Therefore, the requested Botox treatment is specifically not recommended for the cervicogenic headaches which are reported by the treating provider in this case. The treating provider has opined that this patient's cervicogenic headaches are a form of cervical dystonia. The MTUS Chronic Pain Guidelines do not support this conclusion. The treating provider in the medical records provided for review did not describe any of the focal motor presenting findings which would be characteristics of dystonia. For these reasons, the request for Botox 300 units qty 1 is not medically necessary and appropriate.