MAXIMUS Federal Services

Case Number:	CM13-0028755		
Date Assigned:	11/27/2013	Date of Injury:	11/10/1999
Decision Date:	01/20/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/24/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 57-year-old male who reported a work related injury on 11/10/1999 as a result of a fall. Subsequently, the patient has presented for treatment of multiple bodily injuries. The clinical note dated 05/22/2013 reports the patient was seen under the care of [redacted]. The provider documents the patient presents for treatment of the following diagnoses: status post C5-6 ACDF, status post removal of cervical spine hardware, status post complete anterior cervical discectomy revision approach, status post cervical hardware removal and esophageal decompression, status post right shoulder arthroscopy, status post left shoulder impingement syndrome with acromioclavicular joint arthrosis, right carpal tunnel syndrome, effects of left carpal tunnel syndrome status post carpal tunnel release and partial tenosynovectomy, status post removal of lumbar spine hardware, status post 360 arthrodesis at L4-S1, status post right knee arthroscopy with partial meniscectomy, left second toe arthrosis, abdominal hernia, De Quervain's, and status post right knee arthroscopy surgery. The provider documents that the patient presents with main issue at this point in his treatment as recovering from abdominal hernia repair. The patient reports not utilizing any exercises because he is still in a corset. The provider documents the patient is a surgical candidate for right thumb reconstructive surgery for significant thumb arthrosis. The provider documents the patient still has difficulties with his bilateral shoulders. The provider documented the patient would return within 6 weeks for orthopedic re-evaluation. The provider documents request for authorization for wasabi rub, as the patient reports this has been efficacious for his shoulders and lumbar spine pain, as well as his hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Botox Injection for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section 9792.24.2, Page.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient presents with multiple bodily injury pain complaints status post multiple operative procedures. The current request is for Botox injections for the patient's cervical spine; however, documentation of a recent physical exam of the patient's cervical spine was not evidenced in the clinical notes reviewed. Furthermore, the clinical notes document the patient has previously utilized Botox injections about the neck; however, documentation of the patient's reports of efficacy was not evidenced in the clinical notes status post injections. California MTUS/ACOEM does not specifically address this request; however, Official Disability Guidelines indicate, "Botulinum toxin injections are recommended for cervical dystonia but not recommended for mechanical neck disorders, including whiplash." Given all of the above, the request for Botox Injection for the neck is not medically necessary or appropriate.

Wasabi Rub: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 111..

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The provider documents the patient has been utilizing wasabi rub for his bilateral shoulders and lumbar spine, as well as his hand pain complaints. Guidelines do not specifically address wasabi rub; however, California MTUS indicates, "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." It is unclear the pharmaceutical components of this medication. Therefore, support for use of this topical analgesic cannot be rendered. Additionally, the clinical notes failed to document significant decrease in the patient's rate of pain on a visual analogue scale (VAS) and increase in objective functionality as a result of utilizing wasabi rub. Given all of the above, the request for Wasabi Rub is neither medically necessary nor appropriate.