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| <b>Case Number:</b>   | CM13-0035937 |                              |            |
| <b>Date Assigned:</b> | 12/13/2013   | <b>Date of Injury:</b>       | 10/11/1999 |
| <b>Decision Date:</b> | 02/19/2014   | <b>UR Denial Date:</b>       | 09/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/18/2013 |

### 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 and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This is a 40 year-old female with a 10/11/1999 industrial injury claim. She has been diagnosed with costochondritis; muscle spasms; and segmental dysfunction. The IMR application shows a dispute with the 9/30/13 UR decision, which is from [REDACTED] and is for denial of Botox injections to the thoracic region once every 12 weeks for 6 months, total of 10; trigger point injections to the thoracic regions once every 6-weeks for 6 months, total of 10, and for PT 2-3x/week for 6 months. The UR letter was based on the 8/5/13 report and the 7/18/13 report requested the 6-months of independent exercise, and 6-months of Botox and trigger point injections per award. The 7/18/13 report is a procedural report where Botox injections and trigger point injections were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injections to thoracic region, once every 12 weeks for 6 month, total of 10 injections:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Botulinum toxin (Botox®; Myobloc®)(MTUS pgs 25,26)

**Decision rationale:** The 7/18/13 report shows Botox being injected over the bilateral rib heads. There was no rationale provided, no exam findings at the rib heads, and no indication of cervical dystonia. MTUS specifically states Botox is: "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia." The use of Botox for the rib heads is not in accordance with MTUS guidelines.

**Trigger point injections to the thoracic region, once every 6 weeks for 6 months, total of 10 injections:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines under its chronic pain section has the following regarding trigger point injections Page(s): 122.

**Decision rationale:** MTUS has specific criteria for trigger point injections including:" (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months;" MTUS states the frequency should not be at an interval less than 2-months. The request for trigger point injections every 6-weeks is not in accordance with MTUS guidelines.

**Physical therapy for the thoracic spine, 2 to 3 times per week for 6 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** MTUS states 8-10 sessions of PT are indicated for various unspecified myalgias and neuralgias. The request for PT 2-3x/week for 6 months will exceed the MTUS recommendations.