MAXIMUS Federal Services

Case Number:	CM13-0039203		
Date Assigned:	01/15/2014	Date of Injury:	03/26/2002
Decision Date:	04/11/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & 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 expert 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 40 year-old female with a date of injury of 03/26/2002. The listed diagnoses per [redacted] dated 08/12/2013 are shoulder tendinopathy and thoracic pain. According to report dated 08/12/2013 by [redacted], the patient presents with constant neck and shoulder pain. Objective findings include tight and tender neck and shoulders. Report dated 07/1/2013 states improved after PRP, and less stiff. Report dated 04/26/2013 notes tight trap, residual myofascial pain. This is the extent of the progress reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox chemodenervation of the head and neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

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

Decision rationale: This patient presents with constant neck and shoulder pain. The treating physician is requesting Botox 200 units. For Botox, the MTUS guidelines state it is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. It further states

it is not recommended for tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. After 10/3/13, the treating physician started listing the diagnosis of dystonia on his report from 10/14/13 but no prior reports on 4/26/13, 7/1/13, and 8/12/13 has this diagnosis. Cervical dystonia is a movement disorder, unrelated to work injury. There does not appear to be any evidence that the patient has actual diagnosis of dystonia. Recommendation is for denial.