MAXIMUS Federal Services

Case Number:	CM13-0040342		
Date Assigned:	12/20/2013	Date of Injury:	04/06/2000
Decision Date:	02/24/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/29/2013

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, has a subspecialty in Pediatric Physical Medicine & Rehabilitation and is licensed to practice in Illinois and Texas. 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 70-year-old male who reported an injury on 04/06/2000 due to a motor vehicle accident which reportedly caused injury to the cervical spine and low back. The patient ultimately underwent cervical discectomy and fusion. The patient also underwent a discectomy at the L4-5 level. The patient continued to have chronic pain that was managed by injections, medications, and a lumbar support. The patient's most recent clinical examination findings included decreased pain secondary to OxyContin usage rated at 9/10 without medications reduced to a 2/10 to 3/10 with medications. It is noted that the patient is able to participate in personal hygiene activities as a result of the pain relief. The clinical documentation does include the patient had significant relief from prior Botox injections. The patient's diagnoses included postlaminectomy cervical syndrome, pain in shoulder joint, and sciatica. The patient's treatment plan included an additional corticosteroid injection for the patient's shoulder pain, continuation of medications, and a Botox injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Botox thoracic trigger point injection: Upheld

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

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

Decision rationale: The requested Botox thoracic trigger point injection is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously received Botox injections. However, California Medical Treatment Utilization Schedule does not generally recommend this type of treatment for chronic pain disorders. California Medical Treatment Utilization Schedule specifically states this type of injection is not recommended for the following: tension type headaches; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. The patient has previously received this type of trigger point injection and it is not supported by guideline recommendations. Therefore, additional injections would not be supported. As such, the requested Botox thoracic trigger point injection is not medically necessary or appropriate.

surgical tray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated items/services are medically necessary.