

Case Number:	CM13-0041157		
Date Assigned:	12/20/2013	Date of Injury:	06/07/1996
Decision Date:	02/04/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehab, has a subspecialty in Interventional Spine and is licensed to practice in California. He 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 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 59 year old female with a date of injury on 6/7/96. The progress report dated 9/16/13 by [REDACTED] noted that the patient's diagnoses include: cervical spondylosis, with bilateral upper extremity radicular symptoms, left greater than right and associated cervicogenic headaches; C5-6 and C6-7 anterior cervical discectomy and fusion, 4/6/10, with extension to C7-T1, 6/20/13; permanent implantation of cervical spinal cord stimulator, 8/29/11. The patient continues to suffer from chronic headaches and a mild form of post traumatic cervical dystonia. The patient gets debilitating headaches as a result of the sustained cervical muscle contractions, which leads to abnormal posture/alignment of the neck and shoulder girdle. Exam findings include: tenderness in the bilateral posterior cervical musculature, trapezius muscle, and medial scapular region. The patient has good range of motion with increased pain on extension at 20°, she has full range of motion of her upper extremities. A request was made for Botox injections for the patient's cervical and suboccipital region. The utilization review letter dated 10/8/13 recommends denial of the Botox injections as they are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. There is no indication that this patient has cervical dystonia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient botox 300 units cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 175,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 25/26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines

Decision rationale: The records indicate that the patient continues to suffer from chronic headaches and a mild form of posttraumatic cervical dystonia. The patient gets debilitating headaches as a result of the sustained cervical muscle contractions, which leads to abnormal posture/alignment of the neck and shoulder girdle. MTUS guidelines page 25,26 does not recommend botox injections for tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; or trigger points. ACOEM pg. 175 states that Botox injections have been shown to be effective in reducing pain and improving range of motion (ROM) in cervical dystonia (a disorder that is non-traumatic and non-work related). ODG states that the criteria for use of Botox injections in cervical dystonia requires: moderate or greater severity; there are clonic and/or tonic involuntary contractions of multiple neck muscles; there is sustained head torsion and/or tilt with limited range of motion in the neck; the duration of the condition is greater than 6 months; alternative causes of symptoms have been considered and ruled out, including chronic neuroleptic treatment, contractures, or other neuromuscular disorders. None of the required criteria appear to be met in this case. Therefore recommendation is for denial.