

Case Number:	CM13-0043257		
Date Assigned:	12/27/2013	Date of Injury:	09/04/1996
Decision Date:	05/20/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

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 Family Medicine, 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 48-year-old with a date of injury on September 4, 1996. Patient has been treated for ongoing symptoms to her cervical spine and left shoulder. Current subjective complaints are of bilateral neck pain with radiation to the top of the head and bilateral shoulders. Patient also complains of trouble sleeping, and worsening pain with repetitive use and turning head. Physical exam shows mild decrease in cervical range of motion, tenderness over the trapezius and parascapular muscles, with local tender spots with some triggering. Prior interventions have included multiple operative procedures to her neck, left shoulder surgery, as well as radiofrequency ablations. She has been on opiates as well as non-steroidal anti-inflammatory medications. On two occasions (the latest in 2008) she underwent botox injections for her neck pain. Patient is currently working in an administrative position 6 hours a day 5 days a week. Patient continues to have chronic neck pain and her treating physician has recommended repeat botox injections for symptomatic relief of her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTIONS, 100 UNITS, TO AN UNSPECIFIED MYOFACIAL AREA:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend botulinum toxin injections for the following: tension headaches, migraine headaches, fibromyositis, chronic neck pain, trigger point injections, and myofascial pain syndrome. This patient has chronic neck pain and was noted to have myofascial pain and multiple trigger points. The request for Botox injections, 100 units, to an unspecified myofacial area, is not medically necessary or appropriate.