MAXIMUS Federal Services

Case Number:	CM13-0045772		
Date Assigned:	12/27/2013	Date of Injury:	10/29/2009
Decision Date:	04/04/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/12/2013

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 Pain Medicine and is licensed to practice in 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 61-year-old female who reported an injury on 10/29/2009. The mechanism of injury was reported as a large patient started to fall the patient had to help catch her. The patient started having problems with her neck in 2001, but it was not reported at that time. The patient had an injection of 250 units of Myobloc to the middle scalene, left subclavius, and left pectoralis minor on 08/20/2013. The note of 09/06/2013 indicated that the patient should have had 500 units of Myobloc but only 250 units were authorized and it was too early for results. The documentation of 09/23/2013 indicated that the patient had undergone a sub-therapeutic dose of Myobloc, which was somewhat effective as the patient could keep military type postures for longer and had some diminished tightness and pain in the left upper extremity, however she had vascular changes and purple discoloration after a few seconds of putting her shoulders back. It was indicated that the patient had been approved for 200 units of Botox injections. The subsequent documentation of 11/21/2013 indicated that patient's sensation to light touch was intact in the bilateral upper extremities and the patient had full range of motion in the cervical spine. The patient was tender over the left anterior and middle scalene muscles as well as the pectoralis minor in addition to the superior trapezius. It was noted that the symptoms were diminished from the previous examinations and that the patient was to undergo an injection of 200 units of Botox that afternoon. The note of 12/30/2013 indicated that the patient had good range of motion of the right upper extremity and military posture after 30 seconds caused color changes in the left hand and that the left hand was 2 degrees cooler than the right hand when measured with an infrared thermometer. It was noted that the patient had an injection as scheduled and Botox helped reduce symptoms. The patient could use their arm a little more with reaching activities like reaching for cabinets and washing her hair. She cannot perform lifting and had difficulty with repetitive motion. The documentation submitted for appeal indicated that

the patient had constant pain of a 6-8/10 prior to the Myobloc injection and a decrease to 4-5/10 after the injection. The patient had restored full range of motion after the injection. The patient could sit and stand for up to an hour at a time after the injection, whereas before the injection, the patient was limited to a few minutes. Prior to the injection the patient could tolerate less than 5 seconds of military type posture before having significant vascular changes with arm numbness and pain. After the injection, the patient could tolerate if for greater than 30 seconds without vascular changes and was able to tolerate some repetitive type activities with the left upper extremity. The request was made for ultrasound guided Botox injections 200 units and a referral to a pain clinic for the injection. The diagnosis was left thoracic outlet syndrome and severe left cervical neural foraminal stenosis at C5-6 and T1-2.

IMR ISSUES, DECISIONS AND RATIONALES

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

A referral to a pain clinic: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Referral Page(s): 1.

Decision rationale: California MTUS guidelines indicate that upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The patient was noted to have a Myobloc injection with a pain management physician. As the request for the Botox injection is supported, the requested physician to perform the injection would be supported. Given the above, the request for a referral to pain clinic is medically necessary.

Ultrasound of left anterior, middle scalene, left subclavius, left pectoralis minor chemodenervation with Botox 200 units: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 25.

Decision rationale: California MTUS Guidelines indicate that Botox is not generally recommended for chronic pain disorders, but is recommended for cervical dystonia. The documentation submitted for appeal indicated that the patient had constant pain of a 6-8/10 prior to the Myobloc injection and a decrease to 4-5/10 after the injection. The patient had restored full range of motion after the injection. The patient could sit and stand for up to an hour at a time after the injection, whereas before the injection, the patient was limited to a few minutes. Prior to the injection the patient could tolerate less than 5 seconds of military type posture before having significant vascular changes with arm numbness and pain. After the injection, the patient could

tolerate if for greater than 30 seconds without vascular changes and was able to tolerate some repetitive type activities with the left upper extremity. Given the exceptional factors and the documented objective functional benefit, the request for Ultrasound left anterior, middle scalene, left subclavius, left pectoralis minor chemo-denervation with Botox 200 units is medically necessary.