

<b>Case Number:</b>	CM13-0048891		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Internal 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 injured worker is a 53 year old female whose date of injury is 09/14/2011. On this date her car was struck by another car causing neck, back and shoulder injuries. The injured worker is status post anterior cervical discectomy and fusion and posterior fusion C4 to C7 on 02/08/13. Office visit note dated 09/20/13 indicates complaints of neck pain. The injured worker was referred for a trial of Botox injections for muscle spasms, especially on the left side of her neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE BOTOX INJECTION FOR THE NECK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox).

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

**Decision rationale:** Based on the clinical information provided, the request for one Botox injection for the neck is not recommended as medically necessary. There is no comprehensive assessment of recent treatment completed to date or the injured worker's response thereto submitted for review. California Medical Treatment Utilization Schedule Guidelines (CAMTUS) note that Botox is recommended for cervical dystonia, but not for chronic pain disorders. There

is no current, detailed physical examination submitted for review to establish the presence of cervical dystonia. CAMTUS guidelines do not support Botox injections for the treatment of chronic neck pain.