

<b>Case Number:</b>	CM13-0050558		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/16/2001
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 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:

According to the records made available for review, this is a 53-year-old female with a 3/16/01 date of injury. At the time of request for authorization for Botulinum toxin 300 units cervical and suboccipital and six acupuncture sessions to the cervical and lumbar, there is documentation of subjective (ongoing pain in her upper and lower extremities and excruciating tension headaches that have been getting worse) and objective (hypersensitivity in the entire upper extremities, especially the dorsum of the hand and dorsum of the forearm on the left, tremors in upper and lower extremities, and point tenderness and trigger points in the lumbar musculature and parathoracic musculature) findings, current diagnoses (complex regional pain syndrome and s/p spinal cord stimulator placement, upper extremities), and treatment to date (spinal cord stimulator, acupuncture, and medications). 9/18/13 medical report identifies that the patient suffers from a mild form of post traumatic cervical dystonia and gets debilitating headaches as a result of the sustained cervical muscle contractions, which leads to abnormal posture/alignment of the neck and shoulder girdle. It is indicated in the treatment plan that the patient will continue acupuncture treatments, as it was recently certified for six more sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botulinum toxin injection (300 units):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

**Decision rationale:** MTUS identifies that botulinum toxin (Botox®; Myobloc®) is not generally recommended for chronic pain disorders (tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections), but recommended for focal cervical dystonia (characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions). Within the medical information available for review, given documentation of a rationale that the patient suffers from a mild form of post traumatic cervical dystonia and gets debilitating headaches as a result of the sustained cervical muscle contractions, which leads to abnormal posture/alignment of the neck and shoulder girdle, there is documentation of focal cervical dystonia. Therefore, based on guidelines and a review of the evidence, the request for Botulinum toxin 300 units to the cervical spine is medically necessary.

**Botulinum toxin injection to the suboccipital area:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Botulinum toxin injections.

**Decision rationale:** MTUS identifies that botulinum toxin (Botox®; Myobloc®) is not generally recommended for chronic pain disorders (tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections). ODG identifies that Botulinum toxin injections to the head is recommended for spasticity following traumatic brain injury, but not recommended for tension headache. Within the medical information available for review, there is documentation of diagnoses including complex regional pain syndrome and s/p spinal cord stimulator placement, upper extremities. However, there is no documentation of a condition/diagnosis for which Botulinum toxin injections to the head is indicated. Therefore, based on guidelines and a review of the evidence, the request for Botulinum toxin 300 units to the suboccipital area is not medically necessary.