

Case Number:	CM13-0051256		
Date Assigned:	12/27/2013	Date of Injury:	08/25/2003
Decision Date:	06/04/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 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 an employee of [REDACTED] and has submitted a claim for thoracic outlet syndrome, cervical dystonia, and migraine associated with an industrial injury date of August 25, 2003. Treatment to date has included oral analgesics, muscle relaxants, acupuncture, occupational therapy, physical therapy, aquatic therapy, home exercises, back brace, and right shoulder surgery. Medical records from 2013 were reviewed and showed complaints of daily migraines and TOS pain in the bilateral anterior chest, shoulders, neck, upper back, and the upper extremities due to the Botox wearing off. There was also paresthesia down the bilateral medial upper extremities into the fourth and fifth digits. The patient feels that the pain in the neck and upper back were tension and muscle spasm. Physical examination showed limitation of motion of the neck and the bilateral shoulders and hyperesthesia to the bilateral ring and little fingers. Halstead maneuver, Retroclavicular Spurling, Wright's hyperabduction, and Adson's tests were positive bilaterally with loss of pulses. The patient was diagnosed with bilateral thoracic outlet syndrome/brachial plexopathy, cervical dystonia, and migraine headache among others. The patient has received Botox injections for her migraines and thoracic outlet syndrome which provided some relief and allowed her to do more ADLs for approximately 10-12 weeks. Utilization review dated November 11, 2013 denied the request for botox injections 300 units for thoracic outlet syndrome and migraine headaches because there are no controlled studies showing effectiveness of Botox for TOS, and there was lack of evidence of migraine headache. The request for trigger point injections for TOS was also denied because the guidelines do not recommend it for such condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTIONS 300 UNITS: Upheld

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

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

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines page 25-26, Botulinum toxin are not generally recommended for chronic pain disorders such as tension-type and migraine headaches, but is recommended for cervical dystonia, a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis). In this case, the Final Determination Letter for IMR Case Number [REDACTED] patient was diagnosed with bilateral thoracic outlet syndrome, cervical dystonia and migraine headaches. The guidelines clearly state that Botox is not recommended for TOS and migraine headaches, and that cervical dystonia is generally not industry-related. Moreover, the documents submitted did not show evidence to support the diagnosis of migraine headache as the character of pain was not discussed. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for botox injections 300 units is not medically necessary.

TRIGGER POINT INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines page 122 states that trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points; medical management therapies such as ongoing stretching exercises and physical therapy have failed to control pain; not more than 3-4 injections per session. In this case, the patient has been complaining of neck and shoulder muscle spasm/tension. However, physical examination did not show objective evidence such as documentation of trigger points and failed conservative management to support the requested procedure. Moreover, the guidelines do not recommend trigger point injections for TOS. The guideline criteria were not met. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for trigger point injections is not medically necessary.