

<b>Case Number:</b>	CM13-0054407		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine & Rehabilitation 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 28 year old male who was injured on 02/06/2013. The patient was working at a building when a co-worker dropped a 7-10 pound object at 5 stories; it stuck the patient bouncing off his head. Prior treatment history has included Ultram ER, Norco 10/325 mg, Protonix 20 mg, and Flexeril 7.5 mg. Diagnostic studies reviewed include MRI of the cervical spine dated 05/21/2013 shows a disc desiccation at C2-C3, C3-C4 and at C6-C7. A follow-up consultation report dated 08/22/2013 indicates the patient continues to struggle with moderate left-sided shoulder discomfort that radiates into the neck and upper back. On exam, there is no substantial change in examination of the neck and upper extremity noted. There is substantial tenderness with multiple trigger points evident over the left trapezius as well as the rhomboid major and minor. There is some left-sided paracervical tenderness as well as with questionably positive Spurling's sign. Roos, Adson, and supraclavicular compression test are negative. Cervical active range of motion is moderately limited. Hawkins and Neer signs remain negative. All distal provocative testing remains negative. There continues to be rather diffuse tenderness in the dorsal radial margin of the left hand. There is mild dysesthesias directly over the area of prior trauma. Impression is history of blunt force injury involving the left shoulder and hand, post injury left shoulder tendinopathy with cervical brachial pain, and post injury left hand extensor tenosynovitis. The plan is Botox injections (200 units) of the trapezius and rhomboid major and minor muscles to be performed pending authorization. A PR2 dated 09/11/2013 states the patient has neck pain which he rates at 5-6/10. He has difficulty sleeping, stomach pain, left shoulder pain, upper extremity pain rated at 6-9/10. He has intermittent pain, depression and anxiety. On exam, range of motion is reduced with positive ortho test for dysfunction symptoms reflect possible Reflex Sympathetic Dystrophy Syndrome (RSD). The patient is diagnosed with derangement of left shoulder and hand, RSD.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**BOTOX INJECTION:** 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 (Botox, Myobloc) Page(s): 25-26.

**Decision rationale:** As per the MTUS Chronic Pain Guidelines, Botox is recommended for cervical dystonia and not generally recommended for chronic pain disorders, tension-type headaches, migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome & trigger point injections. In this case, this patient has neck and left shoulder pain. On physical exam, there are multiple trigger points on left trapezius as well as rhomboid major and minor. The patient was diagnosed with left shoulder tendinopathy with cervical brachial pain. There is no documentation that this patient has cervical dystonia or spasmodic torticollis, and hence the request for Botox injection is not medically necessary and appropriate.