

Case Number:	CM13-0057378		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2008
Decision Date:	03/25/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 Anesthesia, has a subspecialty in Acupuncture/Pain 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 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 54 year old female injured worker with date of injury 9/1/08 with related neck pain with pain and numbness radiating down the right arm into the hand and fingers. Per 10/30/13 progress report: "Range of motion at the neck noted restricted mobility with rightward rotation. This was associated with moderate limitation and provocation of pain symptoms. On myofascial exam, there was fairly dramatic myofascial tightness, tenderness, and spasming of the muscle groups around the right scapula including the right trapezius muscle. There was also tenderness and spasming of the right paraspinal muscles. Sensation was diminished to pinprick throughout the right hand in comparison to the left. On motor testing, there was weakness at the right biceps muscle." She underwent C5-C6 and C6-C7 anterior cervical discectomy and fusion with right C5-C6 and C6-C7 foraminotomies, allograft strut and fusion. 1/8/11 MRI of the cervical spine revealed post surgical change of C5-C7, mild left-sided predominant C4-C5 central canal stenosis, C7-T1 small focal central disc protrusion but without significant central canal stenosis, mild to moderate bilateral C7-T1 neural foraminal narrowing. 10/21/10 EMG of the bilateral upper extremities were normal. Her treatment to date includes physical therapy, chiropractic, acupuncture, medications, trigger point injections, and cervical pillow. The date of UR decision was 11/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection - 200 units: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

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

Decision rationale: With regard to Botox injection, the MTUS CPMTG p25 states: "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." There is documentation that muscle spasm results in asymmetric muscle tone and neck movement consistent with cervical dystonia. This IMR reviewer is in agreement with the UR physician that Botox injections are not indicated for myofascial pain syndrome, however it is medically indicated for cervical dystonia. The request is medically necessary.

Six sessions of acupuncture for the neck and upper back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm." Additionally, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20" Per 7/6/10 progress report, it is noted that the injured worker had acupuncture which was helpful for her neck and upper extremity pain. As acupuncture has been successful in the past, and the worker currently has pain, muscle spasm, and decreased range of motion; the request is may be medically indicated. However, without documentation of functional improvement as defined in Section 9792.20 it cannot be affirmed as medically necessary.