

Case Number:	CM13-0059171		
Date Assigned:	12/30/2013	Date of Injury:	12/04/2009
Decision Date:	04/30/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/30/2013

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 Florida. 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:

This patient is a 60 year old with a date of injury of 12/04/09. A progress report associated with the request for services, dated 11/06/13, did not list the patient's subjective complaints. Objective findings included parascapular tenderness and dystonia of the right hand and wrist. Decreased sensation to touch and pain was noted in the median distribution. Electrodiagnostic studies in 2010 showed a mild carpal tunnel syndrome. Diagnoses included myofascial pain with trigger points; focal dystonia of the right upper extremity; carpal tunnel syndrome; and contracture of the palmar fascia. An NSAID and muscle relaxant were prescribed. A prior carpal tunnel release was performed in 2009. A Utilization Review determination was rendered on 11/21/13 recommending non-certification of "a right sided ultrasound guided botox injection; and a median nerve hydro dissection".

IMR ISSUES, DECISIONS AND RATIONALES

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

A RIGHT SIDED ULTRASOUND GUIDED BOTOX INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation N Engl J Med. 2002 Aug 8; 347 (6):395-400 Intramuscular injection of Botulinum toxin for the treatment of wrist and finger spasticity after a stroke, and the FDA

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

Decision rationale: The MTUS Chronic Pain Guidelines state that botulinum toxin (Botox) is not recommended for chronic pain disorders except for cervical dystonia. It is specifically not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial syndrome, & trigger point injections. It is recommended in chronic low back pain if a favorable initial response is achieved as an option in conjunction with a functional restoration program. In this case, there is no listed indication in the medical records provided for review consistent with the MTUS Chronic Pain Guidelines' recommendations for a Botox injection. Therefore, the request is not medically necessary and appropriate.

A MEDIAN NERVE HYDRO DISSECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, section on Hydrodissection

Decision rationale: The Official Disability Guidelines state that hydrodissection is not recommended. The ODG notes that there are no quality studies and alternative treatments are well proven with good outcomes. Further, among studies of related procedures included in Medline, one concluded that the benefit of hydrodissection had not been demonstrated. Therefore, there is no documented medical necessity for a hydrodissection of the median nerve and the request is not medically necessary and appropriate.