

Case Number:	CM13-0059776		
Date Assigned:	12/30/2013	Date of Injury:	06/06/2003
Decision Date:	05/08/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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 and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 53-year-old male who reported an injury on 06/06/2013. The patient is diagnosed with cervicgia, opioid dependence, spasm, brachial neuritis, migraine, chronic pain syndrome, post laminectomy syndrome, and cervical spondylosis. Prior conservative treatment was not mentioned. The mechanism of injury involved heavy lifting. The patient was seen by [REDACTED] on 10/30/2013. The patient reported persistent neck pain. Physical examination revealed tenderness to palpation, dysesthesia, discoloration of bilateral lower extremities with 1+ edema and color asymmetry. Treatment recommendations included continuation of current medications, Botox injections into the cervical paraspinals and trapezius area, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 UNITS OF BOTOX WITH ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 25-26.

Decision rationale: The California MTUS Guidelines state Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. California MTUS/ACOEM

Practice Guidelines further state injecting botulinum toxin has been shown to be effective in reducing pain and improving range of motion in cervical dystonia. There are no high-quality studies that support its use in whiplash-associated disorder. As per the documentation submitted, the patient does not maintain a diagnosis of cervical dystonia. There is no evidence of an exhaustion of conservative treatment prior to the request of an invasive procedure. The medical necessity has not been established. The request for 100 units of Botox with ultrasound guidance is not medically necessary and appropriate.

FOLLOW UP VISIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physician follow-up generally occurs when a release to modified, increased, or full duty is needed, or after appreciable healing or recover can be expected. Physician follow-up might be expected every 4 to 7 days if the patient is off work and every 7 to 14 days if the patient is working. As the patient's invasive procedure has not been authorized, the current request for a follow-up visit is also not medically necessary. The request for a follow up visit is not medically necessary and appropriate.