

Case Number:	CM13-0063163		
Date Assigned:	12/30/2013	Date of Injury:	01/01/1999
Decision Date:	04/03/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/09/2013

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 Internal 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:

This is a 62 year old male is status post injury 6/15/95. The patient most recently presented on 12/10/13 with pain in the neck, upper and mid back, and increased frequency of tension headaches. On examination there were multiple trigger points noted in the neck and suprascapular area, head titubation, neck and suprascapular spasms. Diagnoses include cervical facet syndrome, cervical dystonia, cervical/scapulothoracic MPS, and bilateral CTS with significant neuropathic pain. Treatment has included wrist bracing, physical therapy and self-directed exercise, trigger point injections (which help), medication, and botulinum toxin injections. The disputed issue is a repeat Botox injection to the neck and upper back as an outpatient. A medical report from 7/11/12 states that the patient received bilateral cervical, thoracic and shoulder botulinum toxin injections in 2004 which provided almost 12 months of pain relief. A medical report from 12/10/13 notes that botulinum toxin injections on 1/17/08 and 10/29/09 for cervical/scapulothoracic dystonia increased overall functionality for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

A repeat Botox injection to the neck and upper back as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM - Cervical and Thoracic Spine.

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

Decision rationale: The guidelines state that botulinum toxin (Botox®; Myobloc®) is not generally recommended for chronic pain disorders, but is recommended for cervical dystonia. The records indicate that this patient has been diagnosed with cervical dystonia. Botox is indicated for this diagnosis. The medical records also indicated that previous treatment with Botox has been beneficial, which supports the patient's diagnosis of cervical dystonia. Therefore, the requested Botox injection is medically necessary and appropriate.