

Case Number:	CM13-0064161		
Date Assigned:	01/03/2014	Date of Injury:	07/09/2011
Decision Date:	08/07/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/11/2013

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 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:

This case involves a 40-year-old patient, who sustained an injury on 7/9/11, while employed by [REDACTED]. The request(s) under consideration include botox injections for neck pains and headaches. The diagnoses included lumbar herniated nucleus pulposus (HNP), unstable spine, headache without migraine; and cervical disc herniation. Per the report of 10/24/13, the patient presented for follow-up of lumbar spine pain complaints. An exam showed tenderness to palpation and spasm of the paravertebral muscles of the low back; range of motion noted flex/ex/lateral flexion/lateral rotation of 40/20/20/30 respectively with pain on maneuvers; positive sciatic notch tenderness noted; sensation diminished in right L5 and S1 dermatomes; and positive straight leg raises at 30 degrees on right side. The report of 3/13/14 from the provider, noted the patient with continued right knee pain and dysfunction. The patient was given Omeprazole by the gastroenterologist to help with stomach issues and report continued complaints of headaches, back pain and right wrist pain. It was noted that the Botox injections had not been authorized. An exam showed stated age in no acute distress; lumbar spine range of motion restricted; limited lumbar range in all planes flexion/extension/ lateral flexion/ lateral rotation of 40/20/20/20 with pain on maneuvers; tenderness and spasm of paravertebral muscles in lower lumbar spine; 5/5 on left lower extremity; 4-5-/5 on right leg muscles; sensation diminished to right L5 and S1 dermatomal distribution with unremarkable gait. The treatment plan included request for Botox for post-traumatic brain injury; physical therapy, and Tramadol. The patient remained on temporary total disability. The request(s) for botox injections for neck pains and headaches was non-certified on 11/13/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections for neck pains and headaches: Upheld

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

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

Decision rationale: Injecting botulinum toxin has been shown to be effective in reducing pain and improving range of motion (ROM) in cervical dystonia, a non-traumatic or industrial disorder. While existing evidence shows injecting botulinum toxin to be safe, caution is needed due to the scarcity of high-quality studies. There are no high quality studies that support its use and the Chronic Pain Guidelines do not recommend it for whiplash-associated disorder, chronic neck pain, headaches, fibromyositis, myofascial pain syndrome, and would be precluded for diagnosis of cervical radiculopathy. A report from the provider has not documented clinical findings or functional limitations to support for Botox injection, only noting unchanged pain neck pain and headache complaints. There are no exam findings or neurological deficits documented in relation to the neck disorder or post-traumatic head disorder, nor are there any functional benefit documented from conservative treatment previously rendered. The submitted reports have not demonstrated subjective pain relief, functional improvement in activities of daily living (ADLs), decreased in medical utilization or increased in work status for this chronic injury of 2011. Medical necessity has not been established. The request is not medically necessary and appropriate.