

Case Number:	CM13-0065919		
Date Assigned:	01/03/2014	Date of Injury:	10/10/2011
Decision Date:	05/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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:

The injured worker is a 53-year-old female who reported an injury on 10/19/2011. The mechanism of injury information is not provided in the medical record. A review of the medical records reveals the injured worker's diagnoses include cervical degenerative disc disease, thoracic outlet syndrome, and right carpal tunnel release. It is noted that the injured worker has received physical therapy, medication management, activity modification, prior cervical epidural steroid injections, and a brachial plexus left anterior scalene and pectoralis minor and subclavian block to treat thoracic outlet syndrome and ongoing myospasms on 11/14/2013. The injured worker has chronic cervicalgia, bilateral upper extremity neuropathic pain, myofascial strain, bilateral shoulder region arthralgia, and thoracic outlet syndrome. The most recent clinical documentation dated 12/10/2013 reports the injured worker presented with neck pain and bilateral upper extremity radiating pain. The injured worker states the pain radiates in the cervical region down both arms and into the hand and fingers. She states that her pain is worse down the right arm, but it also is present on the left side. The injured worker states she also gets numbness in the hands and fingers of both upper extremities. It is noted that the injured worker has received excessive treatment. In addition to physical therapy, the injured worker has received chiropractic treatment and acupuncture treatments in the past. She has also received multiple cortisone injections in the wrists and shoulders. Cervical spine MRI revealed degenerative disc disease and disc protrusions at multiple levels, including C3-4, C4-5, C5-6, and C6-7 levels. There was also noted foraminal stenosis present at the C3-4 and C5-6 levels. There were also facet degenerative changes present. The requested service is for Botox to the bilateral neck and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX TO THE BILATERAL NECK AND SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per California MTUS Guidelines, it is stated that the requested service is not generally recommended for chronic pain disorders, but is recommended for cervical dystonia. There is no documentation in the medical record that the injured worker has a diagnosis of cervical dystonia. There are no clinical findings upon examination that indicate that the injured worker has cervical dystonia. California MTUS Guidelines, Botox injections are not recommended for tension-type headaches, fibromyositis, chronic neck pain, or myofascial pain syndrome. As there is no documentation in the medical record indicative that the injured worker has a diagnosis of cervical dystonia, and California MTUS Guidelines only recommend the use of Botox injections for the diagnosis of cervical dystonia and chronic low back pain, the medical necessity for the requested service has not been established. As such, the request for Botox to the bilateral neck and shoulder is not medically necessary.