

Case Number:	CM13-0066490		
Date Assigned:	01/03/2014	Date of Injury:	04/15/2010
Decision Date:	05/21/2014	UR Denial Date:	12/03/2013
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 Occupational 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 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 67 year old male who was injured on 04/15/2010 while working for [REDACTED], as a [REDACTED], [REDACTED], he was sitting in a chair on wheels and when he leaned back, the chair rolled out from underneath him. In doing so, he fell back and struck his head against a wall. He felt immediate numbness in his head and he felt dazed for a few minutes. He also felt some discomfort in his neck. Prior treatment history has included hydrocodone 5/325 but not effective; Sumatriptan was effective for his severe episodes or headaches with no side effects. Trigger point injections were helpful in reducing his pain temporarily; Butrans patch, acupuncture and TENS unit. Office note dated 07/18/2013 indicated the patient's main complain is neck pain. The patient rates the severity of his main complaint as 6/10. He experiences the complaint 100 percent of the time. He currently experiences neck pain, neck stiffness and headaches. The complaint is Final Determination Letter for IMR Case Number CM13-0066490 3 mostly noticed in the AM and it lasts for about 3 hours. His active range of motion of the cervical spine is full. On palpation of the cervical spine facet, there is no pain and moderate tenderness. Cervical spine is noted to be stable. Anterior flexion is noted to be 50 degrees. There is pain noted when neck is flexed anteriorly. Extension of the cervical spine is noted to be 60 degrees. There is pain noted with extension of the cervical spine; Left lateral rotation is noted to be full at 80 degrees; Left lateral flexion is noted to be full at 45 degrees. Palpable trigger points are noted in the muscles of the head and neck, specifically. There is hypoesthesia noted in the head region on the left side. There is hypoesthesia; and a nonfocal motor and sensory exam. Office note dated 09/25/2013 documents the patient has a main complaint of neck pain. The patient rates the severity of his main complaint as 6/10. He experiences the complaint 100 percent of the time. He currently experiences neck pain, neck stiffness and headaches. The complaint is mostly noticed in the AM and it lasts for about 3

hours. Aggravating factors include sitting or lying down too long, sleeping, inactivity. The patient denies having this problem in the past. He has not lost time from work because of it. He experiences pain and/or difficulty performing activities like reading, concentrating, working, driving, sleeping, sitting and social life. Overall, functionality improvement is approximately 50%. He is able to drive, help with light house chores, cook light meals and is able to care for himself with no assistance. On examination, the patient is well developed and well nourished. The patient is alert and oriented. The patient is in no acute distress. The patient has good hygiene. Office note dated 12/02/2013 states the patient complains of pain in the neck, on an average about 6/10. He stated that the current medication regimen helps him exercises, walk and sit for a longer period of time. There are no changes and no side effects to report at this time. No significant changes noted in the patient's physical examination in this follow-up visit. The patient was referred to neurology and recommended Botox injections. Although he had continued to be satisfied with the current treatment regimen, he is still having episodes of severe muscle headache pain. Consultation with neurology has recommended injection treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX 100MGM THERAPY INJECTIONS X2 DENIED BY PEER REVIEW: 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), Neck and Upper Back.

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

Decision rationale: As per CA MTUS guidelines, Botox is recommended for cervical dystonia but is not generally recommended for chronic pain disorders, tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, & trigger point injections. In this case, the medical records submitted for review indicates the patient has chronic neck pain and headaches. There is no documentation that the patient has cervical dystonia, and thus the request for Botox 100 MGM therapy injections x2 is not medically necessary.