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| Case Number: | CM13-0067877 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 06/22/1992 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 12/10/2013 |
| Priority: | Standard | Application Received: | 12/18/2013 |

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 & 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 70-year-old female who reported an injury on 06/22/1992 with the mechanism of injury unclear in the documentation provided. In the clinical note dated 12/03/2013, it was annotated that the injured worker had dystonia with neck tilt and shoulder protraction. The diagnoses included dystonia and thoracic outlet syndrome (TOS). The treatment plan included a request for Lidoderm patch and another request that was illegible. The request for authorization for bilateral Botox for the neck and shoulder for the diagnoses of TOS, dystonia, to be done at an outpatient surgery center was submitted on 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL BOTOX 400 UNITS, NECK per PR-2 DATED 12/03/2013 QTY: 1.00:
Upheld

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

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

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

state that Botox is recommended for cervical dystonia, a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. The diagnosis did include cervical dystonia; however, there was lack of evidence within the physical examination in the documentation provided for the diagnosis. It was also unclear of the requesting physician's rationale for the request for Botox 400 units for the neck. As such, the request is not medically necessary.

BILATERAL BOTX, SHOULDER PER PR-2 DATED 12/03/2013 QTY: 1.00: Upheld

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

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

Decision rationale: The California MTUS guidelines state that Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. It is also not recommended for tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. In the clinical notes provided for review, there was insufficient documentation of physical examination of the shoulders. Also, the guidelines state that Botox is not generally recommended for chronic pain disorders or myofascial pain syndrome or for trigger point injections. Therefore, the request is not medically necessary.