

Case Number:	CM13-0069045		
Date Assigned:	01/03/2014	Date of Injury:	12/14/2006
Decision Date:	04/24/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 51-year-old female who reported an injury on 12/14/2006. The mechanism of injury was not provided in the medical records. The patient was diagnosed with sprain of the neck. Physical exam revealed trigger points present on left trapezius and left paracervical musculature, positive Tinel's on left supraclavicular notch, and positive Adson's on left. Bilateral upper extremities were noted to be 5/5 strength with no sensory deficits. The patient noted her pain level to be 3/10 and stated she can use a tennis ball on her back and some heat to improve her symptoms. Past medical treatment included Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection Left Scalene: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Botox; Myobloc).

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

Decision rationale: According to California MTUS Guidelines, Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis;

chronic neck pain; myofascial pain syndrome, and trigger point injections. The most recent clinical note provided indicated the patient had complaints of left-sided neck pain, left-sided neck tingling, left arm tingling, and left arm pain. In addition to that, the documentation failed to provide evidence of conservative treatment such as pain medication. Given the patient was not shown to have a diagnosis of cervical dystonia, the request is not supported. Given the above, the request for Botox injections left scalene is non-certified.