

Case Number:	CM13-0071616		
Date Assigned:	01/08/2014	Date of Injury:	02/13/2003
Decision Date:	04/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/27/2013

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 patient is a 50-year-old female who reported an injury on 02/13/2003. The mechanism of injury was not provided in the medical records. The patient was diagnosed with joint pain/shoulder. The patient reported to have had some improvements and therapy has been helpful, but continues to have increased pain. Her pain is noted to be an 8/10. Physical examination revealed bilateral upper extremity shoulder abduction of 4/5 and bilateral upper extremity shoulder adduction of 4/5. Active range of motion of the cervical spine revealed extension of 35 degrees, flexion 25 degrees, left rotation 45 degrees, right rotation 45 degrees, left side bend 25 degrees, and right side bend 30 degrees. Past medical treatment included physical therapy, Botox injections, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BOTOX INJECTION THERAPY FOR THE NECK (300 UNITS): Upheld

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

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

Decision rationale: According to the 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 documentation submitted for review indicated the patient's current medications help her to be functional. Given that the conservative treatment of pain medication has been beneficial and the patient was not shown to have a diagnosis of cervical dystonia, the request is not supported. Given the above, the request for 1 Botox injection therapy for the neck (300 units) is non-certified.