MAXIMUS Federal Services

Case Number:	CM13-0072572		
Date Assigned:	02/13/2014	Date of Injury:	02/06/2012
Decision Date:	06/02/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/31/2013

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, has a subspecialty in Interventional Spine 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 who was injured on 2/6/12. The patient has been diagnosed with spinal fusion; ataxia as late effect of CVA; anterior soft tissue impingement; acute reaction to stress. According to the 11/18/13 chiropractic report and the patient is male and according to his pain drawing, he complains of 7-8/10 pain in the trapezius/shoulder region bilaterally and on the right lateral thigh, and right SI joint. The plan was to refer to an orthopedist for the right shoulder and to a neurologist for Botox for dystonia. The 11/12/13 report from the chiropractor describes the patient as female. She developed head tremors and appeared to have posttraumatic dystonia.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX WITH NEUROLOGIST FOR DYSTONIA: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with neck, shoulder and back pain. The neurologist and the treating chiropractor have described at movement disorder of the neck, described as post-

traumatic dystonia. The patient has tried various conservative treatments and medications, and the neurologist suggested Botox injections. MTUS guidelines state that Botox injections are recommended for cervical dystonia. The request is in accordance with MTUS guidelines.