

Case Number:	CM14-0002336		
Date Assigned:	01/24/2014	Date of Injury:	08/29/2001
Decision Date:	06/06/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/07/2014

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:

This 44 year-old patient sustained an injury on 8/29/01. Current diagnoses include low back pain; cervicgia, chornic migraine headaches, and CRPS of left upper extremity. Report of 8/26/13 from the provider noted the patient with complaints of persistent left upper extremity, neck, and low back pain. There was reported treatment with Botox injection in March 2013 for headaches; however, there were no documentation of beneficial response or objective functional outcome. The provider had consultation with neurologist who recommended repeating of Botox injection. The patient had follow-up on 12/3/13 with unchanged complaints of upper extremity pain exacerbation and was noted to have had 8 previous acupuncture visits. Treatment plan included repeating the Botox injection and for additional acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTULLNUM TOXIN INJECTIONS 200 UNITS WITH EMG GUIDANCE: 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), Botulinum Toxin A Injections.

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

Decision rationale: Injecting botulinum toxin has been shown to be effective in reducing pain and improving range of motion (ROM) in cervical dystonia, a non-traumatic or industrial disorder. While existing evidence shows injecting botulinum toxin to be safe, caution is needed due to the scarcity of high-quality studies. There are no high quality studies that support its use in whiplash-associated disorder, headaches, and would be precluded for diagnosis of cervical radiculopathy. MTUS advises Botox injections may be an option in the treatment of cervical dystonia, but does not recommend it for mechanical neck disorders, including whiplash, myofascial or migraine headaches. Report from the provider has not documented clinical findings or functional limitations to support for Botox injection under EMG guidance, only noting unchanged pain complaints. There are no neurological deficits demonstrated nor is there any functional benefit documented from treatment previously rendered. Submitted reports have not demonstrated subjective pain relief, functional improvement in ADLs, decreased in medical utilization or increased in work status for this chronic injury of 2001. Medical necessity has not been established. The botulinum toxin injections 200 units with EMG guidance is not medically necessary and appropriate.

ACUPUNCTURE X6 FOR HEADACHES: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received at least 8 recent sessions of acupuncture; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The acupuncture for headaches is not medically necessary and appropriate.