

Case Number:	CM14-0002435		
Date Assigned:	03/03/2014	Date of Injury:	02/23/2009
Decision Date:	06/30/2014	UR Denial Date:	12/24/2013
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 and Rehabilitation, has a subspecialty in Pain Management, 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 patient is a 47-year-old with date of injury of February 23, 2009. Per treating physician's report April 29, 2013, the patient has done well relative to the Botox therapy of the right upper extremity, the right upper extremity at this point does fatigue but she has been able to dexterity activities. The patient is not taking any current medications. Unfortunately, there is only 1 page available of this 3-page report progress report. The March 18, 2013 report is available which states that the patient is working full-time basis doing costumer service. When she begins writing, she gets spasms in her hand. Her hand cramps radiates up into the forearm. This report only contains one of three pages also. There is a report from August 20, 2013 which only has 1 of 3 reports and this report states this lady continues to have pain and spasm involving the right upper extremity, and award was given to her relative to future medical care. She has responded to Botox therapy and has increased muscle spasms. The January 2, 2013 also has only 1 of 3 pages and this one states, in association with the neurodiagnostic studies today, the patient reiterated that her main problems relative to the right hand are worse with activities. During the electroencephalogram, "we asked the patient to try and write and list her problems. Enclosed is a copy of her writing." The July 13, 2013 report only has one of three pages. The February 26, 2013 report only has 1 of 3 pages and this one states that the patient was authorized for 48-hour ambulatory EEG. The July 1, 2013 report states that the patient was substantially improved with the functionality of her hand, but she notes beginning of tightness, reduced activity and movement of the right hand. On page 62 of this file containing 155 pages of reports, this is page 203 with overall assessment of "██████████ has developed a focal dystonia. She has responded well to Botox therapy." The patient knows that after 2 months, her symptoms will increase; by 3 months, her condition reverses back to its abnormal state and the request was for repeat 100 units of Botox therapy. The patient is currently working full-time basis. The request

for Botox injection was denied by utilization review December 24, 2013 with the rationale that "the medical reports do not clearly establish objective and measured functional gain, improvement with activities of daily living, or indication of the level of relief provided from previous Botox procedure."

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX CHEMODENERVATION (100 UNITS): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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: This patient presents with what appears to be symptoms of the right upper extremity with difficulties with cramping, pain, and difficulties with writing. The treating physician has diagnosed the patient with focal dystonia and has been treating this patient with Botox injections 100 units around the right upper extremity. The patient has been able to continue to work performing modified duties. Unfortunately, review of the 155 pages provided, has been a challenge as most of the pages were mixed up. I was not able to obtain a clear history and also how the diagnosis of focal dystonia was derived at. However, utilization review letter provides a thorough review of this case. In particular, it references EMG (electromyogram) of the right upper extremity from May 1, 2012 documenting focal dystonia, cause unclear. The utilization reviewer denied the request based on lack of documentation of function and improvement. However, my review of the pages that were mixed up showed that the patient is able to work, has reduced symptoms, increased ability to write and perform activities of daily living for at least two months with the third month after the Botox injection showing return of her symptoms. Based on the patient's ability to continue to work, and control writing, keyboarding to some degree, this is a definitive functional improvement. There is also documentation of a diagnosis of focal dystonia based on EMG report from May 1, 2012. The request for Botox chemodenervation, 100 units, is not medically necessary or appropriate.