

Case Number:	CM14-0002801		
Date Assigned:	01/29/2014	Date of Injury:	05/01/1999
Decision Date:	06/12/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology and Pain Medicine 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 injured worker is a 53-year-old female who sustained an injury to her neck on 05/01/99. The mechanism of injury was not documented. The injured worker has been treated for mild myofascial pain involving the neck and paracervical muscles resulting from the work-related injury. It was reported that the injured worker has been treated conservatively to include medications and physical therapy, as well as a course of Botox injections administered on 09/17/13. There was no information provided that would indicate the injured worker's response to the previous injections. The injured worker complained of muscle pain in her cervical muscles and trapezius bilaterally. She also has had pins removed from her left fifth finger that has contributed to her increased muscle tightness/pain. The current medications included Indocin, Capsaicin, Synthroid and Toprol. Physical exam examination noted bilateral trapezius tender, paracervical muscles, occiput and scalene muscles tender. The injured worker was diagnosed with neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTIONS: 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 Page(s): 25-26.

Decision rationale: The request for Botox injections is not medically necessary. The records indicate that the injured worker has been treated conservatively and has undergone a series of Botox injections. There was no information provided that would indicate the injured worker's response to the previous injections. The California MTUS states that treatment with Botox injections is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Recent systematic reviews have stated that the current evidence does not support the use of BTX-A trigger point injections for myofascial pain or for mechanical neck disease as compared to saline. Given the clinical documentation submitted for review, medical necessity request for Botox injections has not established.