

Case Number:	CM14-0003529		
Date Assigned:	01/31/2014	Date of Injury:	05/01/2010
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

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, has a subspecialty in Sports 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 45-year-old female who reported injury on 05/01/2010 due to repetitive movements. The prior treatments included epidural steroid injections, physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, and a prior Botox injection. The injured worker's Botox injection was for cervical dystonia on 10/29/2013. The documentation of 12/19/2013 revealed the injured worker had chronic severe neck and right shoulder pain radiating to her right arm. The injured worker had titrated off her opioid medications and had a prescription for medical marijuana which helped when the injured worker was active. The injured worker had right shoulder surgery in 2010 and had cervical spinal cord simulator implanted in 2011. The cervical examination revealed tenderness to palpation in the paraspinals and decreased range of motion. The Spurling's maneuver was positive to the right. The injured worker had spasms bilaterally in the cervical region and had decreased right upper extremity strength. The diagnoses included neuropathy, unspecified hereditary and idiopathic peripheral neuropathy, unspecified myalgia and myositis, and other syndromes affecting the cervical region as well as spasmodic torticollis and thoracic outlet syndrome. It was indicated the injured worker received a Botox injection which the injured worker tolerated well.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT BOTOX INJECTION TIMES ONE (1) CERVICAL/TOS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Botulinum Toxin (injection).

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

Decision rationale: The California MTUS Guidelines do not recommend Botox injections for chronic neck pain or myofascial pain syndrome. The injured worker previously underwent a Botox injection in 10/2013. The clinical documentation indicated the injured worker had spasmodic torticollis, which is cervical dystonia. There was a lack of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the quantity of Botox being requested. Given the above, the request for repeat Botox injection times one (1) cervical thoracic outlet syndrome (TOS) is not medically necessary.