

Case Number:	CM14-0005250		
Date Assigned:	01/24/2014	Date of Injury:	02/13/1998
Decision Date:	11/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/14/2014

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 Medicine 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 is a patient with a date of injury of February 13, 1998. A utilization review determination dated December 24, 2013 recommends noncertification of outpatient Botox every 3 months indefinitely or until no longer beneficial. Noncertification was recommended due to lack of documentation of cervical dystonia or pain relief/functional improvement from previous injections. A procedure report dated February 4, 2014 states that the patient presents for Botox injection and received Botox in multiple facial muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT BOTOX INJECTION 100 UNITS CHEMODEPERVATION FACIAL EVERY 3 MONTHS INDEFINITELY OR UNTIL NO LONGER BENEFICIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc) Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26 of 127.

Decision rationale: Regarding the request for botulinum toxin, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is,

"not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." Within the documentation available for review, there is no indication that the patient has a diagnosis of cervical dystonia. As such, the request for Botulinum Toxin is not medically necessary.