

Case Number:	CM14-0005792		
Date Assigned:	02/05/2014	Date of Injury:	03/16/2009
Decision Date:	08/05/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/15/2014

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, 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:

The patient is a 44-year-old male who has submitted a claim for Brachioplexopathy, Right Upper Extremity Radiculopathy, and Right Shoulder Impingement, associated with an industrial injury date of March 16, 2009. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of severe symptoms of right-sided thoracic outlet syndrome. On physical examination, there was severe right scalene tenderness extending to the right pectoralis minor. Tinel's, costoclavicular abduction, and Adson tests were positive on the right. There was also weakness of the right upper extremity with dysesthesia in the right C8-T1 dermatomes. Treatment to date has included medications, physical therapy, two right shoulder arthroscopic surgeries, intramuscular scalene local anesthetic injection, right trapezius trigger point injections, and bilateral C4-7 cervical facet block. Utilization review from December 17, 2013 did not grant the request for a right intramuscular scalene Botox chemodenervation with hyaluronidase under ultrasound guidance because guidelines do not support the use of Botox for the patient's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT INTRAMUSCULAR SCALENE BOTOX CHEMODENERVATION WITH HYALURONIDASE UNDER ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, states that Botox is not generally recommended for chronic pain disorders but recommended for cervical dystonia. Furthermore, recent systematic reviews have stated that current evidence does not support the use of botulinum toxin trigger point injections for myofascial pain. In this case, Botox chemodenervation of the scalene and pectoralis minor muscles with hyaluronidase injections was requested to provide some symptom relief. However, the patient presented with signs and symptoms of brachioplexopathy, right upper extremity radiculopathy, and right shoulder impingement and the medical records do not show evidence of cervical dystonia. The guidelines are silent regarding the use of Botox for the patient's condition. Therefore, the request for right intramuscular scalene Botox chemodenervation with hyaluronidase under ultrasound guidance is not medically necessary.