

Case Number:	CM14-0006629		
Date Assigned:	03/03/2014	Date of Injury:	05/07/2013
Decision Date:	06/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/17/2014

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 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 62-year-old female who reported an injury on 05/07/2013 due to a backwards fall that reportedly caused injury to her back and head. The injured worker was evaluated on 12/09/2013. It was documented that she had thoracic pain and had started acupuncture treatments that were not providing significant relief. Clinical findings included spasming and muscle guarding from the C7 to the T2 and tenderness which extends to the right shoulder. The injured worker's diagnoses included sprain/strain at the thoracic region, sprain/strain of the neck, cervical spondylosis without myelopathy and spondylosis of the thoracic spine. The injured worker's treatment plan included Botox injections to assist with functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTION X 8 TO THE CERVICAL AND THORACIC SPINE: Upheld

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, , 25-26

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

Decision rationale: The requested Botox injections times 8 to the cervical and thoracic spine are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend Botox injections in the management of chronic pain disorders. This treatment option is recommended for cervical dystonia. There are no clinical indications that the injured worker has cervical dystonia. Therefore, Botox injections would not be clinically indicated in this case. As there is no scientific evidence to support the long term efficacy of this treatment modality for myofascial cervical pain and there are no exceptional factors noted to extend treatment beyond guideline recommendations, Botox injections for this injured worker would not be indicated. As such, the requested Botox injections times 8 to the cervical and thoracic spine are not medically necessary.