

Case Number:	CM14-0008968		
Date Assigned:	02/14/2014	Date of Injury:	11/08/1999
Decision Date:	06/26/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/23/2014

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 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:

According to the records made available for review, this is a 46-year-old female with an 11/8/99 date of injury. At the time (1/2/14) of request for authorization for Botox injection for the left levator scapulae and acupuncture times 6 for the cervical and lumbar spine, there is documentation of subjective (chronic severe low back pain radiating to the lower extremities and severe neck pain) and objective (limited range of the motion of the cervical spine, tenderness to palpation over the cervical paraspinals and facets, tenderness over the myofascial band in the levator scapulae on the left causing significant limitation in range of motion on the left; tenderness to palpation over the lumbar paraspinals, decreased lumbar range of motion with pain, right foot drop, positive straight-leg raise bilaterally, decreased strength and reflexes of the bilateral lower extremities, and decreased sensation in the L5-S1 nerve distribution) findings, current diagnoses (cervicalgia, lumbar post-laminectomy syndrome, multiple joint pain, and myalgia), and treatment to date (medications and home exercise program). Regarding Botox injection for the left levator scapulae, there is no documentation of cervical dystonia and Botox used an option in conjunction with a functional restoration program. Regarding acupuncture times 6 for the cervical and lumbar spine, it cannot be determined if this is a request for initial or additional acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTION FOR THE LEFT LEVATOR SCAPULAE: 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, , 26

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , BOTULINUM TOXIN (BOTOX; MYOBLOC), 25-26

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Botulinum toxin is not recommended for chronic pain disorders (tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections), but does support botulinum toxin for cervical dystonia, as an option in conjunction with a functional restoration program. Within the medical information available for review, there is documentation of a diagnosis of cervicgia. However, there is no documentation of cervical dystonia and Botox used an option in conjunction with a functional restoration program. Therefore, based on guidelines and a review of the evidence, the request for Botox injection for the left levator scapulae is not medically necessary.

ACUPUNCTURE TIMES 6 FOR THE CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervicgia, lumbar post-laminectomy syndrome, multiple joint pain, and myalgia. However, given documentation of an 11/8/99 date of injury, where there would have been an opportunity to have had previous acupuncture therapy, it is not clear if this is a request for initial or additional (where acupuncture provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) acupuncture therapy. Therefore, based on guidelines and a review of

the evidence, the request for six (6) acupuncture sessions for the cervical and lumbar spine is not medically necessary.