MAXIMUS Federal Services

Case Number:	CM14-0009362		
Date Assigned:	02/12/2014	Date of Injury:	02/08/1993
Decision Date:	06/30/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/22/2014

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 Illinois. 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 61-year-old male with a reported date of injury on 02/08/1993. The injured worker presented with neck pain radiating to the shoulder. In addition, the injured worker stated that the neck pain triggered frequent headaches. According to the clinical note dated 01/06/2014, the injured worker's cervical range of motion revealed no cervical lordosis, asymmetry, or abnormal curvature. No limitation in range of motion was observed. Tenderness was noted at the paracervical muscles and trapezius. Thoracic spine range of motion revealed normal curvature of the thoracic spine, full flexion, extension, and lateral bending were observed. The clinical note dated 10/31/2013, the injured worker underwent Botox injections in the bilateral cervical area. Within the clinical note dated 01/06/2014, the injured worker stated that the Botox injections to the cervical area and fascial area provided him with 60% pain relief and lasting up to 2 and a half months. The injured worker's diagnosis included bilateral occipital neuralgia and myofascial syndrome. In addition, the note dated 01/06/2014 noted the physician indicated that the injured worker underwent 10 trigger point injections bilaterally in the cervical paravertebral area. The injured worker's medication regimen included Celebrex, Coumadin, Monopril, and Xyzal. The request for authorization of BC-200 units of Botox injections into the cervical and fascial areas was submitted on 01/18/2014. The physician states that the patient requested another Botox injection because it was helpful in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

BC-200 UNITS OF BOTOX INJECTIONS INTO THE CERVICAL AND FASCIAL AREAS: 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, BOTULINUM TOXIN.

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

Decision rationale: According to the California MTUS Guidelines Botox is not generally recommended for chronic pain disorders, but is recommended for cervical dystonia. In addition, Botox is not recommended for the following: chronic neck pain, myofascial pain syndrome, and trigger point injections. Recent systemic reviews have stated that current evidence does not support the use of BTX-A trigger point injections for myofascial pain. The injured worker's diagnosis included occipital neuralgia and myofascial pain syndrome. The clinical information provided for review lacks documentation of the therapeutic effectiveness of the ten trigger point injections received on 01/16/2014. In addition, the guidelines do not recommend Botox for myofascial pain syndrome. Therefore, the request for BC-200 units of Botox injections into the cervical and fascial areas is non-certified.