

Case Number:	CM14-0101148		
Date Assigned:	08/01/2014	Date of Injury:	02/19/2010
Decision Date:	09/10/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 Pain Medicine and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 02/19/2012 who sustained leg injuries at his workplace. The injuries also included shoulder and neck pain. The injured worker's treatment history included CT, MRI of the thoracic spine, EMG/NCS, MRI, and physical therapy. The injured worker was evaluated on 06/05/2014, and it was documented the injured worker was significant for moderate tenderness in the midline as well moderate tenderness and spasm in the right and left cervical paravertebral and trapezius musculature, more so on the left than right, fullness in the left supraclavicular fossa, negative Tinel's at the left elbow, normal sensation to touch at the C8 distribution, cervical flexion brings chin to within 2 fingerbreadths of the sternum, extension was 30 degrees, right to the left lateral rotation 45 degrees, right and left lateral tilt 30 degrees with left sided neck pain at each limit. The injured worker had undergone an MRI of the cervical spine on 05/14/2013 which was significant for 1 to 2 mm central disc bulges noted at C3-4, C4-5 and C6-7 levels which do not abut the cervical spinal cords. Diagnoses included cervicalgia, left cubital tunnel syndrome remarkably improved, left cervical thoracic mass status post left shoulder rotator cuff debridement and Mumford procedure. Medications included Duexis for pain and inflammation, and Norco. The Request for Authorization and rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection to the scalene muscles: Upheld

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

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

Decision rationale: The request is not medically necessary. The Chronic Pain Medical Treatment Guidelines do not generally recommend Botox Injections for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibro myositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Recommended: cervical dystonia, a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis, and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. When treated with BTX-B, high antigenicity limits long-term efficacy. Botulinum toxin injections provide more objective and subjective benefit than trihexyphenidyl or other anticholinergic drugs to patients with cervical dystonia. Recommended: chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. Some additional new data suggests that it may be effective for low back pain. The documents submitted for review failed to indicate the injured worker having diagnoses of cervical dystonia. In addition, the provider failed to provide outcome measurements of conservative care for the injured worker. As such, the request for Botox injection to the scalene muscle is not medically necessary.