

Case Number:	CM14-0102899		
Date Assigned:	09/16/2014	Date of Injury:	11/11/2002
Decision Date:	10/15/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/03/2014

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 Preventative Medicine 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 60-year-old male with an 11/11/12 date of injury. At the time (6/3/14) of the request for authorization for right scalene botox injection, there is documentation of subjective (pain back up to 4/10) and objective (return of the scalene spasm on the right, decreased sensation to touch and pin in the ulnar vs. lower trunk distribution on the right vs. left, positive Adson's on the right) findings, current diagnoses (brachial plexus lesions, carpal tunnel syndrome, other lesion of median nerve, lesion of ulnar nerve, and lesion of radial nerve), and treatment to date (physical therapy and diagnostic scalene block).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Scalene Botox Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Department of Labor Industries. Work-Related Neurogenic Thoracic Outlet Syndrome Diagnosis and Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc), Page(s): 25-26. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://guideline.gov/content.aspx?id=24159&search=botox+injection+thoracic+outlet+syndrome>

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies botulinum toxin (Botox; Myobloc) is not supported for chronic pain disorders (tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections) and thoracic outlet syndrome, but is supported for botulinum toxin (Botox; Myobloc) for focal dystonias (Blepharospasm, Cervical, Oromandibular-facial-lingual, and Task specific). In addition, Botulinum toxin (Botox) injections of the scalene muscles are to be considered but not recommended because of lack of efficacy and potential severe adverse effects. Therefore, based on guidelines and a review of the evidence, the request for right scalene botox injection is not medically necessary.