

Case Number:	CM14-0104790		
Date Assigned:	07/30/2014	Date of Injury:	09/24/2002
Decision Date:	09/19/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/07/2014

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 and 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:

The injured worker is a 52-year-old female who reported injury on 09/24/2002. The mechanism of injury was not provided. There was no surgical history or diagnostic studies provided. Other therapies included cervical medial branch blocks, bilateral occipital nerve blocks, and trigger point injections. The documentation of 05/21/2014 revealed the injured worker had complaints of neck pain on the left side radiating to the left shoulder and between the shoulder blades. The medications were noted to include Cymbalta 60 mg capsules 1 at bedtime, naproxen sodium 550 mg tablets 1 three times a day, tramadol hydrochloride 50 mg tablets, and Lunesta 3 mg tablets. The physical examination revealed the injured worker had decreased range of motion of the cervical spine. The injured worker had tenderness and trigger points with a twitch response and radiating pain upon palpation on the left side. The injured worker had spasms and tenderness bilaterally in the lumbar spine to palpation. The injured worker had a positive Faber's test. The injured worker had tenderness over the trochanter, and the ischial tuberosity Ober's test was positive. The diagnoses included cervical facet arthropathy on the left, myofascial pain syndrome, neuralgia occipital, and bursitis trochanteric. The treatment plan included Botox injection 200 units. There was a Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection 200 units, Quantity 1: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of Botox for chronic pain. There was a lack of documentation indicating a rationale for the requested procedure. The request as submitted failed to indicate the location for the injection. Given the above and the lack of documentation of exceptional factors, the request for Botox injection 200 units, Quantity 1 is not medically necessary.