

<b>Case Number:</b>	CM14-0109332		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/09/2003
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old female who reported an injury on 01/09/2003. The mechanism of injury was not provided for clinical review. The diagnoses included neck pain, cervicogenic headache, myofascial pain syndrome, migraine cervical dystonia, degeneration cervical discs, and lumbago. Previous treatments included epidural steroid injection, MRI, and medication. Within the clinical note dated 03/05/2014, it was reported the injured worker reported having Botox injections on 02/25/2014. She complained of increase in her spasms in her neck. She complained of increased spasms, neck pain, numbness, tingling, and bilateral upper extremity pain. Upon the physical examination, the provider noted the injured worker to be well-nourished, with no cardiorespiratory distress. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Each additional level x2 (regarding a Cervical Epidural Steroid Injection at C5-6 x 1):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 45.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI), Page(s): page 46..

**Decision rationale:** The request for two additional levels to a cervical epidural steroid injection at C5-6 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to treatment, exercise, physical methods, NSAIDs, and muscle relaxants. There is a lack of imaging studies to corroborate the diagnosis of radiculopathy. There is a lack of documentation indicating the injured worker to have been unresponsive to conservative treatment, including exercise, physical methods, NSAIDs, and muscle relaxants. There is a lack of significant neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the requested services are not medically necessary or appropriate.

**Cervical Epidurogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): page 46.

**Decision rationale:** The request for a cervical epidurogram is not medically necessary. As discussed above, this injured worker does not meet the criteria for a cervical epidural steroid injection. Therefore, any associated procedures, like an epidurogram, are also not medically necessary.

**Botox injection (outpatient):** Upheld

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

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

**Decision rationale:** The request for Botox injections as an outpatient is not medically necessary. The injured worker complained of increased muscle spasms and neck pain. The California MTUS Guidelines state that current evidence does not support the use of Botox trigger point injections for myofascial pain. It is, however, recommended for cervical dystonia, a condition that is not generally related to Workers' Compensation, and is characterized as a movement disorder of the nuchal muscles, characterized by tremors or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position, or some combination of these positions. The clinical documentation submitted indicated the injured worker had previously undergone a Botox injection on 02/25/2014 with no relief of neck pain. The provider failed to document an adequate and complete physical examination. Therefore, the request is not medically necessary.

