

Case Number:	CM14-0010155		
Date Assigned:	02/21/2014	Date of Injury:	10/26/2005
Decision Date:	06/25/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/24/2014

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 General Surgery has a subspecialty in Plastic Surgery and is licensed to practice in Texas. 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 49-year-old male who reported an injury on October 26, 2005. The mechanism of injury involved a motor vehicle accident. Current diagnoses include cervical myoligamentous injury with upper extremity radiculopathy, lumbar myoligamentous injury with bilateral lower extremity radiculopathy, reactionary depression/anxiety, medication induced gastritis, bruxism with teeth grinding, and dermatitis. The injured worker was evaluated on December 17, 2013. The injured worker was status post cervical epidural steroid injection on June 17, 2013. Previous conservative treatment also includes lumbar epidural steroid injection, medication management, and psychiatric treatment. Physical examination revealed tenderness to palpation of the cervical spine bilaterally with muscle rigidity, numerous trigger points, decreased cervical range of motion, diminished strength in the left upper extremity, 2+ deep tendon reflexes, and decreased sensation along the lateral arm on the left. Treatment recommendations at that time included botulinum toxin 300 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX 300 UNITS: 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 (BOTOX), 25

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , Page 25-26.

Decision rationale: The California MTUS Guidelines state Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Botox injections are not recommended for tension type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger points. The injured worker does not maintain a diagnosis of cervical dystonia. As guidelines do not recommend Botox injections for treatment of chronic neck pain, the current request is not medically appropriate. The request is not medically necessary.