

Case Number:	CM14-0010823		
Date Assigned:	02/21/2014	Date of Injury:	10/01/2003
Decision Date:	07/23/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 64-year-old female with a 10/1/03 date of injury. On 12/16/13, the patient had aching, cramping, and paresthesia in the left hand. She feels that almost all of her neck has been triggered out of the right arm. The Xeomin injections were very helpful for the first 2 months and have been wearing off fairly rapidly over the last few weeks. The patient complains of tenderness over the right shoulder over the supraclavicular brachial plexus associated with muscle spasm in bilateral shoulders. The treating provider diagnose the patient with spasmodic torticollis. Treatment to date includes medication management, Xeomin (Botox), and physical activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

XEOMIN 250 UNITS (X PER YEAR) QTY: 4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2 Page(s): 25-26.

Decision rationale: The CA MTUS states that Botox is not recommended for chronic pain disorders, but recommended for cervical dystonia. Botox is not recommended for tension-type headaches, migraines, fibromyositis, chronic neck pain, and myofascial pain syndrome. The CA MTUS does recommend Botox for cervical dystonia, a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis). Torticollis 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. However, this patient was documented to have functional improvement initially, but is noted to have tapering off of the efficacy. The guidelines only support continued Botox use in the setting of continued efficacy and functional improvement. As such, the request is not medically necessary.