

Case Number:	CM14-0010913		
Date Assigned:	06/11/2014	Date of Injury:	07/02/2008
Decision Date:	07/25/2014	UR Denial Date:	01/17/2014
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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 53 year old female with a date of injury on 7/2/2008. Diagnoses include cervical degenerative disc disease with cervical radiculopathy, chronic low back pain, and fibromyalgia. Subjective complaints are of moderate to severe mid back and low back pain, and constant moderate neck pain. Physical exam shows decreased cervical range of motion, and tender paraspinal muscles. Low back exam shows decreased range of motion, and paraspinal muscle tenderness. Exam shows no neurological deficits. Medications include Celebrex, Amrix, oxycodone, tramadol ER, and Ativan. Prior treatments include acupuncture, medications, physical therapy, chiropractic, and epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE BOTULINUM TOXIN 200 UNITS INJECTION: 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 BOTULINUM TOXIN, PAGE 25-26 Page(s): 25-26.

Decision rationale: CA MTUS guidelines do not recommend botulinum toxin injections for the following: tension headaches, migraine headaches, fibromyositis, chronic neck pain, trigger point

injections, and myofascial pain syndrome. CA MTUS does recommend botulinum toxin for cervical dystonia, or for chronic low back pain, as an option in conjunction with a functional restoration program. This patient has chronic neck pain, low back pain, and fibromyalgia. Submitted documentation does not show evidence of cervical dystonia, and there is no evidence of an ongoing functional restoration program. Therefore, this patient does not meet guideline recommendations, and the medical necessity of Botox injections is not established.