

Case Number:	CM14-0013875		
Date Assigned:	02/26/2014	Date of Injury:	07/18/1998
Decision Date:	05/27/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/03/2014

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, Pain Medicine and is licensed to practice in Florida. 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 46-year-old female who reported an injury on 07/18/1998. The mechanism of injury was not provided. Current diagnoses include cervical syrinx at C4-5 to T1 with upper extremity radiculopathy, cervicogenic headaches, PTSD, thoracolumbar myoligamentous injury, left shoulder myoligamentous injury, and status post Botox injections. The injured worker was evaluated on 12/09/2013. The injured worker reported an increase in neck pain with radicular symptoms into bilateral upper extremities as well as migraine headaches. Physical examination revealed tenderness to palpation of the cervical musculature with increased muscle rigidity, decreased range of motion, decreased sensation along the posterolateral arm and forearm bilaterally, decreased grip strength bilaterally, tenderness to palpation along the left shoulder joint, and 90 degree abduction. Treatment recommendations at that time included authorization for botulinum toxin 300 units and a referral to a neurologist and a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTULINIUM TOXIN 300 UNITS TO CERVICAL AND SUB-OCCIPITAL REGIONS:
Upheld

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

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

Decision rationale: The California MTUS Guidelines state botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Botox is not recommended for tension type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger points. Based on the medical records provided for review there is no documentation of cervical dystonia. The injured worker has been previously treated with Botox injections in 2008, 2009, 2010, and 2013. Although it is noted that the injured worker reported 60% pain relief, there was no documentation of objective functional improvement. The request for Botulinum toxin 300 units to cervical and sub-occipital regions is not medically necessary and appropriate.