

<b>Case Number:</b>	CM14-0014682		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 59-year-old male with date of injury of 12/14/2009. Per treating physician's report 01/20/2014, the patient presents with pain in the neck, right shoulder, and has been experiencing pain for 5 years. Pain is constant, aching, sharp shooting pain that radiates bilaterally into the head on an average 6/10, increased with activity, lifting, and movement. Assessment was that the patient was here for monthly medication refill, currently having exacerbations of symptoms over the cervical and upper back region previously responds to trigger point injections asking for repeat injections. Other treatment plan, consider Botox for more prolonged relief of cervical musculature to address both cervical and hip pain. Medications dispensed were Venlafaxine and hydrocodone. Prescriptions were Butrans, Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE OCCIPITAL NERVE BLOCK USING 200 UNITS OF BOTOX UNDER ULTRASOUND: 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 (Botox®; Myobloc®) Page(s): 25-26.

**Decision rationale:** Review of the treating physician report from 01/20/2014 indicates that the patient has responded well to trigger point injections and he is requesting use of Botox for more prolonged relief. MTUS Guidelines provide very specific discussion regarding use of Botox. MTUS page 25 and 26 states that Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia (not recommended for the following: Tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections). The current request is for Botox injections of the occipital nerves and for cervical pain and headaches. MTUS specifically recommends against use of Botox for this type of condition. Therefore, the request is not medically necessary.