

Case Number:	CM14-0014967		
Date Assigned:	02/28/2014	Date of Injury:	10/09/2005
Decision Date:	06/27/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/06/2014

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 and Rehabilitation, has a subspecialty in Pain Management, 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:

The patient is a 58 year-old female with a October 9, 2005 date of injury. The January 6, 2014 progress report from [REDACTED] is handwritten and not completely legible to me. The diagnosis appears to be Dystonia, and there is a 2nd diagnosis, but it is not legible. The subjective complaints state improved pain after scalene and pectoral injection. The plan was for Botox neck/shoulder. On January 20, 2014 UR recommended against the Botox injection. I have been provided a January 23, 2014 narrative report from [REDACTED], that states the patient presents with moderate dull aching pain in the neck that started several years ago. [REDACTED] lists the diagnoses as s/p anterior cervical fusion C5/6 in September of 2011; moderate spinal stenosis C4/5; HNP right C4/5, neck pain with bilateral upper extremity radiculopathy. She is reported to have symptoms in the upper extremity consistent with TOS, and was reported to have seen [REDACTED] who recommended scalene blocks to relieve symptoms, and if successful may recommend Botox injections to the scalenes. The report states on January 23, 2014, she had scalene blocks with [REDACTED] and had 60% relief, and now there are recommendations for Botox injections to the scalenes bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION: BOTOX INJECTION TO THE NECK AND SHOULDER: 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, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; 1/2; Myobloc; 1/2) Not generally recommended for chronic pain disorders, bu.

Decision rationale: The patient presents with neck pain and paresthesia down the upper extremities. According to [REDACTED], the patient has dystonia, and he recommends Botox injections. According to [REDACTED], the patient has symptoms consistent with TOS or radiculopathy and has no exam findings of dystonia. [REDACTED] states [REDACTED] is recommending Botox for the Scalenes for TOS. I have been asked to review for Botox injections for the neck and shoulder. The Chronic Pain Medical Treatment Guidelines state Botox injections are: " Not generally recommended for chronic pain disorders, but recommended for cervical dystonia." There are no clinical findings of dystonia reported. The request for Botox for the shoulder and neck does not appear to be in accordance with the Chronic Pain Medical Treatment Guidelines. The request for a Botox injection to the neck and shoulders is not medically necessary or appropriate.