

Case Number:	CM14-0015190		
Date Assigned:	02/28/2014	Date of Injury:	06/12/1995
Decision Date:	07/24/2014	UR Denial Date:	01/17/2014
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 Anesthesiology 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 is a 67-year-old female patient with a 6/12/1995 date of injury. The mechanism of injury was not provided. A 12/6/13 progress report indicated that the patient complained of neck pain and spasm that was relieved with Flector patches. She felt numbness in the left hand and tingling in the lateral three fingers. Her right hand was swollen and painful. She had a Botox A injection in 9/23/11 to the neck with long-term benefits. She was diagnosed with primary spasmodic torticollis and hand pain. Treatment to date includes medication management, acupuncture therapy, and Botox injection. There is documentation of a previous 1/17/14 adverse determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTION AT NEXT VISIT: Overturned

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 Page(s): (25-26).

Decision rationale: The MTUS Chronic Pain Guidelines states that Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. This patient

was diagnosed with primary spasmodic torticollis. In addition, she had prior episodes of neck pain and a Botox injection in 12/2010 with positive long-term results. The MTUS Chronic Pain Guidelines support Botox injections to patients with cervical dystonia. Therefore, the request for Botox injection at next visit is medically necessary.