

Case Number:	CM14-0017341		
Date Assigned:	04/14/2014	Date of Injury:	06/11/1997
Decision Date:	11/05/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/11/2014

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 patient is a 49-year-old Male with a date of injury of 02/11/1997. The patients' diagnoses include cervical radiculitis/radiculopathy, cervical spine disc syndrome with strain/sprain disorder, lumbar radiculitis, bilateral polyradiculopathy, post-op laminectomy fusion syndrome, quadriparesis and central cord syndrome. The patient reports neck and low back pain, stiffness, weakness and generalized discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 25-26.

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

Decision rationale: Botox, also known as Botulinum toxin, is not recommended in general for pain. According to MTUS Guidelines it is recommended for cervical dystonia. It is not recommended for treatment of myofascial pain or mechanical neck disease. There is no clearly documented evidence of a diagnosis of cervical dystonia or spasmodic torticollis. Botox is something that may be considered for treatment of low back pain if utilized in conjunction with a

functional restoration program. There is no documentation regarding the purposed indication or indicated area of treatment. Therefore, the above listed issue is considered to be not medically necessary.