MAXIMUS Federal Services

Case Number:	CM14-0018129		
Date Assigned:	04/16/2014	Date of Injury:	10/14/2003
Decision Date:	06/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/12/2014

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 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:

This is a female patient with the date of injury of October 14, 2003. A utilization review determination dated January 13, 2014 recommends non-certification of Botox injection. The previous reviewing physician recommended non-certification of Botox injection due to lack of documentation of cervical dystonia or other diagnosis that would support use of Botox and the number of units of Botox. A Follow Up dated November 26, 2013 identifies Interim History of increased pain throughout her whole body with more in the neck region. She states that the cervical spine has decreased range of motion due to pain. She has had great results with Botox. Her migraine headaches have reduced. Physical Examination identifies decreased range of motion of her cervical spine. Pain with forward flexion at 45 degrees, posterior extension at 25 degrees. Pain with left and right lateral rotation at 30 degrees and left and right lateral tilt at 10 degrees. Her forehead muscle relaxation is absent, having previously been present after the Botox injection for migraine headaches at 155 units into 31 different sites per migraine protocol. Assessment identifies endocrinopathy, opioid-induced, migraine headaches, gastroesophageal reflux disease, herniated nucleus pulposus, cervical spine, cervical radiculopathy, DeQuervain's disease left hand, vertigo multifactorial, musculoligamentous injury cervical, status post surgery cervical ACDF, status post failed carpal tunnel release left hand side, status post right carpal tunnel release, and left hip pain status post bone graft for her three-level ACDF.

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 Forearm, Wrist, And Hand, Neck And Upper Back..

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

Decision rationale: Regarding the request for Botox injection, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." Within the documentation available for review, the requesting physician has suggested that the botulinum toxin has been used for the patient's migraine and is requested to continue treating this condition. Chronic Pain Medical Treatment Guidelines do not support the use of botulinum for this diagnosis. In addition, there is no diagnosis of cervical dystonia. Therefore, in the absence of documentation supporting a diagnosis of cervical dystonia, the currently requested Botox injection is not medically necessary.