

<b>Case Number:</b>	CM14-0018312		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	05/09/2009
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 26 year old female who reported an injury on 05/09/2009 secondary to several boxes falling on her head. The clinical note dated 01/30/2014 showed the injured worker complained of neck pain radiating to her left upper extremity. Additionally, the note showed the injured worker stated she had tried narcotics, antidepressants, yoga and other therapy measures with no results. Upon physical examination it was noted the injured worker had tightness in the posterior cervical muscles, moderate paraspinal muscle spasm and a mild to moderate amount of anterocollis. The injured worker had diagnoses which included chronic neck pain secondary to cervical spondylosis, myofascial pain disorder, chronic pain syndrome and chronic daily headaches and cervical dystonia. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BOTOX INJECTIONS (300 UNITS) TO CERVICAL SPINE: 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, BOTULINUM TOXIN (BOTOX (R)), 26

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BOTULINUM TOXIN, 25-26

**Decision rationale:** The request for Botox injections (300 units) to cervical spine is not medically necessary. The injured workers has had a history of "bothersome neck symptoms since 05/09/2009". The Chronic Pain Medical Treatment Guidelines, state Botulinum toxin is not generally recommended for chronic neck pain, tension-type headache, migraine headache, myofascial pain syndrome and trigger point injections but is recommended for cervical dystonia. The clinical notes, provided for review, failed to provide clear evidence of cervical dystonia as well as the severity of the cervical dystonia which is characterized by excessive pulling of the neck and shoulder muscles causing the head to turn or tilt involuntarily. It was unclear if the injured worker had any tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. Therefore the request for Botox injections (300 units) to cervical spine is not medically necessary.