

Case Number:	CM14-0116639		
Date Assigned:	08/04/2014	Date of Injury:	10/22/2001
Decision Date:	09/11/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/25/2014

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 and is licensed to practice in Illinois. 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 43-year-old male who reported an injury on 10/22/2001. The injured worker was reportedly struck in the head by a stack of falling pallets. The current diagnoses include traumatic brain injury, post traumatic dystonia, status post anterior cervical discectomy and fusion, right upper extremity radiculopathy, cervicogenic headaches, lumbar myoligamentous injury, bilateral lower extremity radiculopathy, post traumatic depression, right shoulder impingement syndrome, urologic and fecal dysfunction, medication induced gastritis, cervical spinal cord stimulator trial, and ITMP trial. The injured worker was evaluated on 06/11/2014 with complaints of ongoing neck pain, low back pain, radicular symptoms, and headaches. Previous conservative treatment includes chiropractic therapy, physical therapy, medication management, and Botox injections. It is noted that the injured worker underwent cervical spinal cord stimulation trial on 10/20/2011, which provided 50-60% pain relief. The injured worker reported an improvement in headaches with treatment of botox administered on 04/22/2014 and 06/11/2014. The current medication regimen includes Norco 10/325 mg, Topamax, FexMid, and Dendracin topical cream. Physical examination revealed mild distress, obvious deformities of the neck and shoulder girdle, deformity on the right side of the face with an eye droop, severe tenderness to palpation at the suboccipital region, clawing of the right hand, tenderness to palpation throughout the right upper extremity, swelling of the right arm, tenderness to palpation throughout the lumbar musculature, positive straight leg raising bilaterally, and decreased sensation in the lower extremities. It is noted that the injured worker underwent a cervical spine MRI on 06/06/2012 and 10/29/2008, as well as a lumbar spine MRI in 2012, right shoulder MRI in 2012, and EMG study in 2008. Treatment recommendations at that time included authorization for botox 300 units, continuation of the current medication, a followup visit with a neurosurgeon, durable medical equipment, a wheel chair ramp, and

acupuncture treatment. There was no Request for Authorization Form submitted for the current requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Hoyer Lift-hoist unit for home and ramp for wheelchair into van: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Environmental modifications are considered not primarily medical in nature. Therefore, the current request cannot be determined as medically appropriate in this case. As such, the request is not medically necessary and appropriate.

Botulinum Toxin 300 Unit Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation; Work Loss Data Institute.

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

Decision rationale: California MTUS Guidelines state botulinum toxin is not recommended for tension type headaches, migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger points. Therefore, the current request cannot be determined as medically appropriate. It is also noted that the injured worker has been previously treated with Botox injections on 2 separate occasions. There was no documentation of objective functional improvement. Therefore, the request is not medically necessary and appropriate.