

Case Number:	CM14-0134344		
Date Assigned:	08/27/2014	Date of Injury:	04/21/2012
Decision Date:	09/23/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/20/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 4/21/2012. Per primary treating physician's progress report dated 8/4/2014, the injured worker complains of rightl ower leg pain, low back pain and headaches. He rates the pain as 7/10 without pain medications and 3/10 with pain medications. He had Botox injections a month ago. The injections help. On examination he is in no acute distress. Tinel's test ismildly positive on the right wrist and negative on the left wrist. Phalen's test is mildly positive on the right and negative on the left. Straight leg raising is mildly positive on the right and negative on the left. Cervical actove range of motino is normal. Strength is 5/5 for both upper extremities and both lower extremities. Reflexes are 1+ for both upper extremities, trace for both quadriceps and unable to elicit the bilateral gastrocsoleus reflexes. Sensation is decreased to light touch all throughout the right lower extremity. Gait is normal without any assistive device. Diagnoses include 1) history of fall fromo scaffolding on 4/21/2012 2) basal skull fracture 3) compression fracture of T5 and T8 4) left temporoparietal contusion with frontal subarachnoid hemorrhage 5) neck pain with reportedly normal cervical spine MRI 6) low back pain and right leg pain 7) MRI evidence of disc protrusion at L4-5 and L5-S1 with possible right L4 and right L5 nerve root irritation/compression but with normal EMG/NCS 8) mild bilateral carpal tunnel syndrome as per electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection 300 units for the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter and Neck and Upper Back Chapter, regarding Botulinum toxin (injection).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox; Myobloc) section Page(s): 25, 26.

Decision rationale: Per the requesting physician, the injured worker has always had an 80% resolution of the cervical paraspinal muscles spasms with the Botox therapy for the cervical dystonia. The request is for Botox treatment 10 weeks following the previous treatment. Per the MTUS Guidelines, Botox injections are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Cervical dystonia is a condition that is not generally related to workers' compensation injuries, and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. The request for Botox injection 300 units for the cervical spine is determined to be medically necessary.