

Case Number:	CM14-0135653		
Date Assigned:	08/29/2014	Date of Injury:	03/28/2000
Decision Date:	11/05/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/22/2014

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 Medicine and is licensed to practice in Texas & Ohio. 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 35-year-old female who reported an injury on 03/28/2000. The mechanism of injury was not stated. The current diagnoses include wrist pain and cervical brachial syndrome. Previous conservative treatment is noted to include medications. The injured worker was evaluated on 07/18/2014 with complaints of persistent pain. The current medication regimen includes Voltaren gel, Flector patch, and Lidoderm patch. Physical examination revealed limited cervical range of motion, tenderness to palpation in the paracervical muscles, rhomboid tenderness, sternoclavicular joint and trapezius tenderness, radial and ulnar tenderness bilaterally, normal motor strength, and intact sensation. Treatment recommendations at that time included Botox for cervical spasm. A Request for Authorization form was submitted on 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox x200 units for cervical spasm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that botulinum toxin is not recommended for tension type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome or trigger points. Therefore, the current request is not medically appropriate in this case. As such, the request is not medically necessary.