

Case Number:	CM14-0136882		
Date Assigned:	09/03/2014	Date of Injury:	08/19/2005
Decision Date:	10/16/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/25/2014

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 Nevada. 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 records presented for review indicate that this 45-year-old female was reportedly injured on August 19, 2005. The most recent progress note, dated July 30, 2014, indicates that there were ongoing complaints of cervical dystonia. Current medications include Norco, Anaprox, Valium, baclofen, Zanaflex, Topamax, Xanax, Seroquel, Prilosec, Fioricet, Lidoderm patches, and promethazine. The physical examination demonstrated moderate signs of dystonia with the head out of the alignment in the right shoulder elevated about 2 inches in comparison to the left. There were muscle spasms in the trapezius and the right side cervical musculature. Diagnostic imaging studies of the right shoulder revealed no evidence of a rotator cuff tear. An MRI the cervical spine revealed a broad-based disc bulge at C6 - C7. Previous treatment includes spinal surgery, physical therapy, the use of a spinal cord stimulator, and a Botox injection. A request had been made for a Botox injection of 400 units and was not certified in the pre-authorization process on August 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Botox injection 400 units: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Botulism Toxin, Updated August 4, 2014.

Decision rationale: The Official Disability Guidelines (ODG) recommends botulism toxin injections for cervical dystonia. According to the progress note dated July 30, 2014, the injured employee had received a previous Botox injection on April 25, 2014, which provided the injured employee about three months of pain relief as well as relief of cervical dystonia and its symptoms. It was stated that the injured employee symptoms have recently returned. There is also a noted history of recurrent Botox injections with similar results. Considering this, this request for a Botox injection of 400 units is medically necessary.