

Case Number:	CM14-0137263		
Date Assigned:	09/05/2014	Date of Injury:	10/12/2007
Decision Date:	11/04/2014	UR Denial Date:	08/22/2014
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 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:

According to the records made available for review, this is a 39-year-old female with a 10/12/07 date of injury. At the time (8/18/14) of request for authorization for Botox x 100 units right trapezius and levator scapulae, there is documentation of subjective (neck pain) and objective (tenderness over the bilateral cervical paraspinal, trapezius, and thoracic paraspinal muscles and decreased cervical and thoracic range of motion) findings, current diagnoses (cervicalgia, cervical facet joint syndrome, and right subscapular pain), and treatment to date (medications and chiropractic therapy). There is no documentation of cervical dystonia (spasmodic torticollis) and moderate or greater severity; and clonic and/or tonic involuntary contractions of multiple neck muscles; and sustained head torsion and/or tilt with limited range of motion in the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox x 100 units Right Trapezius and Levator Scapulae: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Botox.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Botulinum toxin (injection)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of cervical dystonia, to support the medical necessity of Botox injections for the neck. ODG identifies documentation of cervical dystonia (spasmodic torticollis) and moderate or greater severity; and clonic and/or tonic involuntary contractions of multiple neck muscles; and sustained head torsion and/or tilt with limited range of motion in the neck; and duration of the condition is greater than 6 months; and alternative causes of symptoms have been considered and ruled out (including chronic neuroleptic treatment, contractures, or other neuromuscular disorder), to support the medical necessity of Botox injections for the neck. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, cervical facet joint syndrome, and right subscapular pain. In addition, there is documentation of duration of the condition is greater than 6 months. However, despite documentation of subjective (neck pain) and objective (tenderness over the bilateral cervical paraspinal, trapezius, and thoracic paraspinal muscles and decreased cervical and thoracic range of motion) findings, there is no documentation of cervical dystonia (spasmodic torticollis) and moderate or greater severity; and clonic and/or tonic involuntary contractions of multiple neck muscles; and sustained head torsion and/or tilt with limited range of motion in the neck. Therefore, based on guidelines and a review of the evidence, the request for Botox x 100 units Right Trapezius and Levator Scapulae is not medically necessary.