

Case Number:	CM14-0151440		
Date Assigned:	09/19/2014	Date of Injury:	04/14/2010
Decision Date:	10/27/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/17/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 14, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee arthroscopy; a knee brace; trigger point injections; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 18, 2014, the claims administrator approved three follow-up visits and Butrans patches while denying Botox injections and cervical epidural steroid injection therapy. The applicant's attorney subsequently appealed. In a progress note dated September 11, 2014, the applicant was described as having received six recent sessions of psychotherapy. The applicant stated that her mood had improved. Additional psychological treatment and biofeedback were sought. The applicant's work status was not clearly stated. In a September 16, 2014 medical progress note, the applicant presented with a variety of medical and mental health complaints, including knee pain, psychological stress, low back pain radiating into left leg, and neck pain. The applicant was given prescriptions for Abilify, Deplin, and metformin. Cervical and lumbar epidural injections and hamstring Botox injections were sought. Work restrictions were endorsed, although it was not clearly stated whether or not the applicant was working or not. The applicant exhibited tired and depressed in the clinic setting. In a July 30, 2014 progress note, the applicant was described as status post earlier lumbar epidural steroid injection on September 27, 2013. The applicant was using Percocet at a heightened rate, it was noted. The applicant was also status post trigger point injections to various body parts, it was further noted. 6-10/10 pain was noted, highly variable. The applicant's medications reportedly included Abilify, baclofen, Percocet, Butrans, Flonase, Ambien, Cardizem, CellCept, Cymbalta, Feldene, Neurontin, lidocaine, Plaquenil, Protonix, and Remeron. The applicant was off of work, on temporary disability, it was acknowledged. The

applicant was obese, was standing 5 feet 4 inches tall, weighing 230 pounds, it was further noted. Multiple tender points were noted about the cervical paraspinal region. An intramuscular Toradol injection was given. Authorization was sought for epidural steroid injection therapy and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 100 Units With Ultrasound Guidance to Hamstring Insertion Site: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Denial Based on Condition or Injury not Addressed by the MTUS. Decision based on Non-MTUS Citation Evidence Citation for Botox: Title 8 Industrial Relations Division pages 26-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin topic. Page(s): 26.

Decision rationale: As noted on page on 26 of the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are not recommended for tension type headaches, migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, and/or trigger point injections. In this case, it appears (but was not clearly stated) that the attending provider was intent on performing Botox injections in conjunction with trigger point injections, for myofascial pain/palpable tender points. This is not an MTUS-endorsed role for Botox injections, per page 26 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Right C4-5, C5-6 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, however, there is no clear radiographic or electrodiagnostic corroboration of alleged cervical radiculopathy. The applicant has been given various diagnoses, including myofascial pain syndrome, pain-induced depression, upper back pain, lower back pain, muscle spasms, myofascial pain, etc. The attending provider has not established any concrete or compelling evidence of cervical radiculopathy here. Therefore, the request is not medically necessary.