MAXIMUS Federal Services

Case Number:	CM14-0156330		
Date Assigned:	09/25/2014	Date of Injury:	12/08/2011
Decision Date:	10/27/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/24/2014

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 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:

This is a 55-year-old male with a 12/8/11 date of injury, when the injured worker experienced intra-cerebral hemorrhage. The injured worker was seen on 8/20/14 for the follow up visit. The injured worker underwent botulin toxin injections into the right arm and did quite well. Exam findings revealed facial asymmetry and spasticity in the right upper extremity. The injured worker was speaking in complete sentences for the most part, but still had ongoing difficulties. The injured worker reported urinating 3-4 times during the night and has exhausted all medications. All other findings were within normal limits. The note stated that the injured worker was attending the [redacted] and had done fairly well. The diagnosis is cerebrovascular accident with spastic right hemiplegia, neurogenic bowel and bladder, aphasia and spastic hemiparesis. Treatment to date: work restrictions, physical therapy, medications, and Botox injections. An adverse determination was received on 8/29/14 given that the injured worker was noted to have botulin toxin injections into his right arm and did quite well. However, there was a lack of documentation of objective functional gains supporting the subjective improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 100 unit x 4 vials: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure

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

Decision rationale: CA MTUS does not address Botox injections to the arm. CA MTUS states that Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. The progress notes indicated that the injured worker underwent botulin toxin injections into the right arm and did quite well. However, there is a lack of documentation indicating objective functional gains from the treatment. There is no discussion with regards to the improvement in the injured worker's spasticity and the duration of the symptom relief was not documented. Therefore, the request for Botox 100 unit x 4 vials is not medically necessary.