

Case Number:	CM14-0158714		
Date Assigned:	10/02/2014	Date of Injury:	07/17/1995
Decision Date:	10/29/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/27/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of 7/17/95. A utilization review determination dated 9/18/14 recommended non certification for the requested botox injections for the right parascapular musculator. The request for this injection was denied stating botox injections are not generally indicated for use as a trigger point injection. A progress report dated 8/27/14 indicates the patient reported a significant improvement in terms of his right parascapular pain and had a 50% reduction with trigger point injections for at least 3-4 weeks, pain has now returned but is not as severe. The physical exam indicates slight improvement from the last visit but the patient still had right parascapular muscle spasms and a positive muscle twitch response. Diagnoses include Other chronic pain, Brachial plexus lesions, Mononeuritis of unspecified site, Pain in joint-shoulder region and Cervicalgia. The plan indicates a request was started for botox injection to the right parascapular musculature and the patient was instructed to continue the current regimen of pain medications. A progress report dated 3/5/14 indicates the patient was taking norco and soma and had a trigger point injection to the right suboccipital, cervical paraspinal and parascapular/rhomboid muscles under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection, right parascapular musculature: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 25-26 of 127.

Decision rationale: Regarding the request for botulinum toxin, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." Within the documentation available for review, the requesting physician has suggested that the botulinum toxin will be injected for use as a trigger point injection. Clearly, Chronic Pain Medical Treatment Guidelines do not support the use of botulinum for this diagnosis. Additionally, there are no physical examination findings suggesting a diagnosis of cervical dystonia. Finally, no diagnoses listed in the documentation provided for review include a diagnosis of cervical dystonia. Therefore, in the absence of documentation supporting a diagnosis of cervical dystonia, the currently requested botulinum toxin is not medically necessary.