

Case Number:	CM14-0171782		
Date Assigned:	10/23/2014	Date of Injury:	02/12/1996
Decision Date:	12/02/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 51 year old female employee with date of injury of 2/12/1996. A review of the medical records indicate that the patient is undergoing treatment for complex regional pain syndrome of left upper extremity, neck and upper thoracic region; cervical ankylosis with degenerative disc disease, thoracic ankylosis and kyphosis; left shoulder ankylosis, severe; opiate pain management; spinal cord stimulation pain management; pain-induced depression. Subjective complaints include pain in shoulder and upper extremity; neck pain radiating to left trapezial and parathoracic areas. Objective findings include exam revealing that muscle spasms in left shoulder induces chronic migraine headaches. There is tenderness to palpation, taught bands at myofascial trigger points with twitch responses in the levator scapula, trapezius and rhomboid muscles that caused radiating pain to the posterior scapula and back. The thoracic spine has severe tenderness to palpation and deep pressure. The left anterior and posterior ribs were mild and tender. Muscle spasm was significant. Treatment has included home exercise, TENS transforaminal epidural injections and trigger point injections. Functional improvement from injections was not specified in medical files. Medications have included Fentanyl spray, Oxycontin, Oxycodone, Clonazepam, Cymbalta, Pennsaid solution, Gabitril. The utilization review dated 9/29/2014 non-certified the request for 1 Botox injection into the scalp and cervical muscles x 1, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Botox injection into the scalp and cervical muscles x 1, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back

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 and Upper Back, Botox

Decision rationale: MTUS states regarding Botox injections, "Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." Additionally MTUS states Botox injections are "Recommended: cervical dystonia, a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions." and "Recommended: chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program." The medical records provided did not indicate any conditions that MTUS recommends as appropriate for Botox Injections. Medical files do not indicate that the patient has undergone a program of first-line treatment or conservative management for migraines. As such, the request for 1 Botox injection into the scalp and cervical muscles x 1, as an outpatient is not medically necessary.