

<b>Case Number:</b>	CM14-0172653		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/16/2003
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 51-year-old male who reported an injury on 08/16/2003. The mechanism of injury was not provided. The injured worker is status post left shoulder decompression performed in 2004 and left ulnar cubital tunnel release in 2005. On 02/13/2014, the injured worker had complaints of ongoing pain to the left side. Upon examination there was palpatory tenderness and tightness noted around the left shoulder. The diagnosis was tendinopathy of the left shoulder. Prior therapy included medications. The provider recommended Botox injections for the left shoulder. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injection shoulder, left:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc) Page(s): 25-26.

**Decision rationale:** The California MTUS state that current evidence does not support the use of Botox trigger point injection for myofascial pain. It is, however, recommended for cervical

dystonia, a condition that is not generally related to workers' compensation 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. There is insufficient medical documentation included to suggest the injured worker has cervical dystonia. Therefore the request is not medically necessary.