

Case Number:	CM14-0174986		
Date Assigned:	10/28/2014	Date of Injury:	12/17/2002
Decision Date:	12/10/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/22/2014

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 Family 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:

This is a 55-year-old male patient who reported an industrial injury to the left foot and ankle on 12/17/2002, twelve (12) years ago, attributed to the performance of his usual and customary job tasks. The patient was noted to have had Botox injection and blocks on 6/24/14. The patient complained of pain to the left Achilles tendon around the keloid scar. The patient was diagnosed with adhesive tendinopathy in keloid hypertrophic scar, adhesions, and pain with an underlying neuritis. The patient continued to complain of tarsal tunnel pain beginning at the posterior tibial nerve proximally and extending distally to the medial planner nerve lateral planner nerve and medial calcaneal nerve at the distal tarsal tunnel of the medial left heel. The patient was reported to have abductor myositis pain in the portal pedis of the left foot with underlying entrapment of medial calcaneal nerve, which cause shooting nerve pain into the medial plantar left hallux. The patient continued to have plantar heel and plantar fascial pain along the plantar arch myositis. The patient continued to have pain at the anterior lateral left ankle where the patient had superficial peroneal nerve neuritis. The patient had multiple trigger point pain at the abductor hallux muscle and the underlying intrinsic plantar foot muscles of the left arch. The objective findings on examination documented evidence of tarsal tunnel syndrome proximal and distal, medial planner nerve neuritis at the portal pedis and abductor myositis of the medial aspect of the left Achilles and Achilles that heat is of tendinopathy; pain in multiple areas of the mild tenderness junction and insertion the posterior left heel. There was evidence of superficial peroneal nerve neuritis at the anterior lateral left ankle that cause radiating nerve pain into the dorsal and plantar aspect of left foot. The treatment plan included soft-tissue anti-inflammatory and sclerosing injections. The treatment plan included repeated Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Blocks and Injection (100 Units): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-75;196,Chronic Pain Treatment Guidelines Botox Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle/foot chapter --Botulinum toxin; Pain chapter--Botulinum toxin

Decision rationale: There is no objective evidence provided by the requesting physician to support the medical necessity of periodic Botox injections for maintenance care to the left foot and ankle. The use of Botox injections for nerve blocks to the ankle/foot is not medically necessary. The ODG reports that Botox toxin is under study for planter fasciitis; however, there is no recommendation for nerve blocks on a regular basis for maintenance care. The patient is documented to have received a prior Botox injection on 6/24/2014, with no sustained functional improvement. The authorization of Botox injections to the neck is only recommend for "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. There is no specific recommendation for the use of Botox injections to the foot or ankle. The treatment for chronic pain or muscle spasms with Botox is not recommended by evidence-based guidelines. The CA MTUS and the ACOEM Guidelines do not recommend the use of Botox for Botox for non-specific neck pain, as there is insufficient evidence to support the use of Botox for the nerve blocks over the recommended anesthetics. The Official Disability Guidelines do not recommend Botox for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. There is no demonstrated medical necessity for the repeated Botox injections to the left ankle and foot.