

<b>Case Number:</b>	CM14-0179538		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	08/01/2001
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 63 year old female with an injury date on 08/01/2001. Based on the 09/08/2014 progress report provided by [REDACTED] the diagnoses are: 1. Spasmodic torticollis, uncontrolled2. Chronic pain syndrome3. Spinal fusion, chronic4. Myalgia and myositis, unspecified, chronic5. COAT6. Failed back surgery syndrome cervical7. Muscle spasm, chronicAccording to this report, the patient complains of moderate to severe pain at the upper back, low back, gluteal area, arms, legs, neck and thighs that are ache, burning, deep, diffuse, discomforting, dull, localized, and throbbing. Pain radiates to the bilateral upper and lower extremities. With medication pain is rated as an 8/10 and without medication pain is rated as a 10/10. Physical exam reveals maximum tenderness at the bilateral shoulder, facet, periscapular, and trapezius. Facet loading maneuvers is positive with pain. Muscle spasm is noted with taut bands twitching upon palpation. There were no other significant findings noted on this report. The utilization review denied the request on 10/09/2014. [REDACTED] is the requesting provider and he provided treatment reports from 10/14/2013 to 10/072014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox 200 units injection for Neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 26.

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

**Decision rationale:** According to the 09/08/2014 report by [REDACTED] this patient presents with moderate to severe pain at the upper back, low back, gluteal area, arms, legs, neck and thighs. The provider is requesting Botox 200 units injection for the neck. For Botox, the MTUS Guidelines page 25 and 26 state, "Not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "Not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections". Review of reports show that the patient had prior Botox injections on 10/14/2013 that "reduced her spasmodic trapezius, SCM and levator scapula." In this case, while the provider lists as a diagnosis, "dystonia" and "torticollis," the examination do not show dystonic and torticollis muscle group that the provider would like to inject. Furthermore, the guidelines are clear that dystonia is not an injury related diagnosis but a neurologic condition. Therefore, this request is not medically necessary.

**Office Visit:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

**Decision rationale:** According to the 09/08/2014 report by [REDACTED] this patient presents with moderate to severe pain at the upper back, low back, gluteal area, arms, legs, neck and thighs. The provider is requesting office visit. Regarding treatments sessions, MTUS guidelines page 8 states that the provider must monitor the patient and provide appropriate treatment recommendations. The provider should be allowed to have an office visit so that he can treat the patient. Therefore, this request is medically necessary.