

<b>Case Number:</b>	CM14-0023830		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/09/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Anesthesiology has a subspecialty in Pain 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:

The injured worker is a 40 year old female whose date of injury is 05/09/2011. The mechanism of injury is not described. Progress note dated 01/20/14 indicates that the injured worker complains of continued bilateral shoulder and arm pain, left greater than right. On physical examination Adson's, Neer's and Hawkins signs are positive bilaterally. Diagnoses are bilateral shoulder impingement, thoracic outlet syndrome, and left rotator cuff tendinitis. Treatment to date includes medication management, physical therapy, chiropractic manipulation, acupuncture and scalene block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 BOTOX INJECTION IN THE LEFT SCALENE MUSCLE: Upheld**

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

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

**Decision rationale:** Based on the clinical information provided, the request for Botox injection in the left scalene muscle is not recommended as medically necessary. Chronic Pain Medical Treatment Guidelines note that Botox is not generally recommended for chronic pain disorders,

but is recommended for cervical dystonia. The submitted records fail to establish the presence of cervical dystonia. Diagnoses are listed as bilateral shoulder impingement, thoracic outlet syndrome, and left rotator cuff tendinitis. The request is not medically necessary.