

Case Number:	CM14-0025176		
Date Assigned:	10/08/2014	Date of Injury:	06/22/2004
Decision Date:	10/30/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/28/2014

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 Occupational 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 case is a 43 year old male employee with a date of injury on 6/22/2004. A review of the medical records indicate the patient undergoing treatment for insomnia, carpal tunnel syndrome, thoracic outlet syndrome, shoulder, neck, and left upper arm pain. Subjective complaints from the most recent submitted medical document (2/1/2010) included "medical, orthopedic, and psychiatric complaints". Objective findings (11/10/2009) include decreased range of motion of cervical spine without radiculopathy, slight "stiffness" of neck, and normal shoulder exam. Treatment has included Norco, Soma, chiropractic treatments, psychologist sessions, Zoloft, bilify, imipramine, right cubital tunnel release, right carpal tunnel surgery, and left carpal tunnel surgery. A utilization review dated 2/12/2014 non-certified a request for BILATERAL BOTOX INJECTION FOR NECK AND SHOULDER due to lack of documentation of the results of prior botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Botox Injection for Neck and Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox.

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

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. The original utilization reviewer indicated that prior botox injections were performed. The medical records provided did not indicate how many prior injections were performed and did not include results related to those injections. As such, the request for Bilateral Botox Injection for Neck and Shoulder is not medically necessary.