

<b>Case Number:</b>	CM14-0025526		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, has a subspecialty in Acupuncture & 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 51-year-old female with date of injury 5/10/11 with related neck pain. Per progress report dated 5/14/14, the injured worker reported neck pain radiating down the arms. Per physical exam, head and neck were a traumatic and symmetric. There was tenderness to palpation. Neck range of motion was decreased in extension. Pressure on top of the head produced a positive Spurling's test with pain radiating into the posterior aspect of the neck and into both shoulders and mid-scapular regions. Magnetic resonance imaging (MRI) of the cervical spine dated 4/13/12 revealed multilevel disc disease at C4-C5, C5-C6, and C6-C7. C6-C7 appeared to be the most involved with bilateral foraminal stenosis. There was some mild central stenosis. Treatment to date has included epidural injections (times 4), physical therapy, and medication management. The date of UR decision was 2/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox for neck:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic).

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

**Decision rationale:** With regard to Botox injection, the MTUS Chronic Pain Medical Treatment Guidelines p25 states: [Botox injections] Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Botox is not recommended for the following: tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. Review of the submitted documentation does not indicate that the injured worker suffers from cervical dystonia. The request is not medically necessary.