

Case Number:	CM14-0026555		
Date Assigned:	06/13/2014	Date of Injury:	09/20/2002
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 53 year-old female injured on September 20, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated September 17, 2013, indicates that there are ongoing complaints of neck pain. The physical examination demonstrated a 5'7", 126 pound individual with neck and bilateral upper extremity pain. A decrease in cervical spine range of motion is reported. No focal weakness is identified; however, there is a loss of the deep tendon reflexes at the triceps. Diagnostic imaging studies objectified the degenerative changes in the cervical spine (C5-C6). Previous treatment includes Botox injections for migraine prophylaxis, a carpal tunnel surgical release. A request had been made for botulinum injection and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX (ONABOTUL INUMTOXINA) INJECTION FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,9792.20 - 9792.26 MTUS (EFFECTIVE JULY 18, 2009) BOTULINUM TOXIN Page(s): 25-26.

Decision rationale: As outlined in the Chronic Pain Medical Treatment Guidelines, the use of this medication is only indicated for cervical dystonia. This medication is not clinically indicated for headache pain. Therefore, when considering the findings noted on physical examination tempered by the parameters outlined in the Chronic Pain Medical Treatment Guidelines, Therefore this request is not medically necessary.