MAXIMUS Federal Services

Case Number:	CM14-0027696		
Date Assigned:	06/13/2014	Date of Injury:	10/19/2011
Decision Date:	08/12/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesia, 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 claimaint is a 53 year old female injured worker with date of injury 10/19/11 with related injury to wrists and neck pain. Per progress report dated 2/4/14, she was status post brachial plexus left anterior scalene and pectoralis minor and subclavius block for thoracic outlet syndrome and ongoing myospasm 11/14/13. Her pain had decreased. She had a cervical epidural steroid injection on 12/23/13 for bilateral cervical radiculitis and cervicalgia with significant improvement of neck, proximal shoulder and upper extremity pain. NCV studies showed mild potential carpal tunnel syndrome. MRI of the cervical spine dated 6/20/13 revealed at C3-C4, mild degenerative disc disease and minimal retrolisthesis with similar findings at C5 and C6; at C6-C7 there was a posterior bulge of 2mm. Treatment to date has included injections, physical therapy, chiropractic therapy, and medication management.The date of UR decision was 2/10/14

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTIONS: Upheld

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

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

Decision rationale: With regard to Botox injection, the MTUS CPMTG page 25 states: Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Per operative report dated 11/14/13, it was noted The evidence of ongoing spasm in the scalene, subclavius and pectoralis minor is consistent with a clinical diagnosis of dystonia and would result in a good response to botulinum chemodenervation. As the injured worker does have findings clinically consistent with dystonia, the request for Botox Injections is medically necessary.

RE-EVALUANTION AND CONSULT: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) General approach to initial assessment and documentation, page(s) 27.

Decision rationale: TThe California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the request is supported by the documentation submitted for review. The therapeutic management of the injured worker's dystonia will be treated with botox injection. Therefore, the request is medically necessary.