

Case Number:	CM14-0027943		
Date Assigned:	07/11/2014	Date of Injury:	07/21/2006
Decision Date:	08/11/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/05/2014

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 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 patient is a 37-year-old female with a date of injury of 07/21/2006. The listed diagnoses per [REDACTED] are: 1. Cervical sprain/strain with cervicgia and dystonia. 2. Thoracic sprain/strain with chronic thoracic myofascial pain. 3. Recurrent severe myofascial pain syndrome. 4. Chronic pain syndrome. 5. Chronic reactive clinical depression secondary to chronic pain syndrome. According to progress report 01/20/2014 by [REDACTED], the patient presents with persistent neck, shoulder, and upper back pain with muscular spasm and limited range of motion with pain of the right shoulder. Examination revealed moderate tenderness and spasm and hypertonicity over the right upper trapezius region, spasm over the right rhomboid and parascapular region, and limited range of motion. Manual muscle testing of the upper extremity revealed diminished muscle strength. For management of the patient's recurrent cervicgia with spasm and dystonia, the treater requests Botox injections which may provide 3 to 4 months of good relief. The treater is requesting Botox injections with 100 units. Utilization review denied the request on 02/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTION, 100 UNITS.: Upheld

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

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

Decision rationale: This patient presents with persistent neck, shoulder, and upper back pain with muscular spasm and limited range of motion with pain of the right shoulder. The treater is requesting Botox injections 100 units for patient's recurrent cervicalgia with spasm and dystonia. Treater states Botox injections may provide between 3 to 4 months of pain relief. MTUS Guidelines page 25 and 26 says the following regarding Botox, not generally recommended for chronic pain disorder but recommended for cervical dystonia. It further states, not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections. In this case, the treater mentions dystonia but this diagnosis is dubious as the patient does not present with tremors or tonic posturing of the C-spine. Dystonia is not an injury. MTUS does not support Botox injections for neck pain, headaches or myofascial pains. Recommendation is for denial.