

Case Number:	CM14-0031012		
Date Assigned:	06/20/2014	Date of Injury:	05/30/2006
Decision Date:	07/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/12/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 reported injury on 05/30/2006. The mechanism of injury was not reported within the clinical notes. The clinical note dated 11/07/2013 reported that the injured worker complained of neck pain. The clinical note is handwritten and nearly illegible. The physical examination of the cervical spine revealed paraspinal muscles very hard to palpate bilaterally. The injured worker's prescribed medication list included Protonix, Xanax, Norco, trazodone, Serzone, and ibuprofen. The injured worker's diagnoses included chronic neck pain and stiffness with cervical disc disease; chronic bilateral shoulder pain due to impingement tendonitis; chronic cervicogenic headaches; bilateral ulnar neuritis; dyspepsia with GERD; depression; and insomnia. The provider requested a trial of Botox injections into the cervical paraspinal muscles and trapezius muscles; the rationale was not provided within clinical notes. The request for authorization form was submitted on 03/12/2014. The injured worker's previous treatments include 3 corticosteroid injections into the neck with a beneficial effect lasting 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Botox injection into the cervical paraspinal muscles and trapezius muscle:

Upheld

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

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

Decision rationale: The injured worker complained of neck pain. The treating physician's rationale for Botox injections was not provided within clinical notes. The California MTUS Guidelines state that botulinum toxin (Botox) is not generally recommended for chronic pain disorders and is not recommended for tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections; however, it is recommended for cervical dystonia. It is noted that the injured worker has diagnoses of chronic neck pain and stiffness with cervical disc disease and chronic cervicogenic headaches. The Guidelines do not recommend Botox injections for tension-type headaches, migraine headaches, or chronic neck pain. The treating physician's rationale for Botox injections was not included within clinical notes. It is also noted that the injured worker has had 3 previous corticosteroid injections into the neck with a minimal effect lasting only 4 weeks. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity. Therefore, the request for trial of Botox injection into the cervical paraspinal muscles and trapezius muscle is not medically necessary.