

Case Number:	CM14-0034493		
Date Assigned:	06/20/2014	Date of Injury:	04/19/2012
Decision Date:	08/08/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 Occupational 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 applicant has filed a claim for chronic neck pain, shoulder pain, brachial plexopathy, adhesive capsulitis, and post-traumatic headaches reportedly associated with an industrial injury of April 19, 2012. Thus far, the applicant has been treated with the following: analgesic medications; unspecified amounts of physical therapy; attorney representation; adjuvant medications; and antidepressant medications. In a utilization review report dated March 13, 2014, the claims administrator denied a request for scalene Botox chemodenervation procedure under ultrasound guidance. The claims administrator did note that the applicant had had earlier physical therapy and epidural steroid injection therapy, but then stated that there is no evidence that the applicant had failed recent physical therapy and seemingly based its denial on the same. In a September 13, 2013 progress note, it appeared that the applicant was using BuTrans, Lamictal, Prozac, and Elavil for pain and depression. The applicant reportedly had severe thoracic outlet syndrome. The applicant was returned to work on a trial basis on October 1, 2013, with restrictions. It was not clearly stated whether the limitations were being accommodated. A rather proscriptive 15-pound lifting limitation was endorsed. In a March 4, 2014 progress note, the applicant presented with persistent complaints of shoulder pain and brachial plexopathy. Inflammatory changes were noted about the brachial plexus on ultrasound testing, it was suggested. It was suggested that the applicant pursue scalene Botox injections to treat thoracic outlet syndrome. BuTrans, Lamictal, Prozac, Prilosec, and Pentaza were endorsed, along with psychological counseling and a rather proscriptive 15-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Scalene botox chemodenervation under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (botox; Myobloc).

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are indicated in the treatment of cervical dystonia and/or chronic low back pain. Botox injections are not, thus, explicitly supported by the MTUS for the treatment of thoracic outlet syndrome/brachial plexopathy, the diagnosis purportedly present here. In this case, there is no rationale or medical evidence to support the procedure in question was provided so as to offset the unfavorable MTUS recommendation. Therefore, the request for right scalene botox chemodenervation under ultrasound guidance is not medically necessary.