

<b>Case Number:</b>	CM14-0034914		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/01/2008
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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, has a subspecialty in Interventional Spine 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 52-year-old female with a date of injury of 10/01/2008. The listed diagnoses per [REDACTED] include cervical spondylosis without myelopathy, migraine, unspecified, chronic opiate therapy, and Cervicalgia. According to a progress report dated 03/03/2014 by [REDACTED], the patient presents with headache and neck pain. The patient complains of numbness, weakness, and tingling in her fingers and notes her pain as 8/10. A utilization review denied the request on 03/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chemodenervation of muscles:** Upheld

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

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

**Decision rationale:** This patient presents with headaches and neck pain. The treater is requesting chemodenervation of muscles. Chemodenervation is a technique in which a pharmacologic compound (i.e. atropine, Botulinum toxin) is used to paralyze a group of muscles.

The MTUS Chronic Pain Guidelines page 25 and 26 has the following regarding Botox, " not generally recommended for chronic pain disorder but recommended for cervical dystonia." The MTUS Chronic Pain Guidelines further states Botox is recommended for tension-type headaches, migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections. In this case, the treater has prescribed chemodenervation for the patient's chronic neck pain and headaches for which there is lack of support from the MTUS Chronic Pain Guidelines. As such, the request is not medically necessary and appropriate.