

Case Number:	CM14-0035102		
Date Assigned:	06/23/2014	Date of Injury:	02/02/2009
Decision Date:	08/18/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/21/2014

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 Pain Medicine 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 49-year-old female who reported an injury on 12/02/2009 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her internal organs and cervical spine. The injured worker's treatment history included chemodenervation for the left extremities and trunk with Botox injections in 03/2013. The injured worker was evaluated in 03/2014. It was documented that the injured worker had complaints of spasming and dystonia in the thoracic and shoulder regions. Physical findings included evidence of a frozen left shoulder and a positive straight leg raise test. A request was made for a piriformis injection and a Botox injection to the left neck and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection in the left neck QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Treatment, Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Botulinum toxin (injection).

Decision rationale: The request Botox injection of the left neck (Quantity: 1.00) is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has persistent cervical pain. It is noted that the injured worker previously underwent a Botox injection of the neck. However, the effectiveness of that injection was not provided for review. The California Medical Treatment Utilization Schedule does not specifically address this type of injection. The Official Disability Guidelines do not recommend Botox injections for myofascial pain syndromes or chronic neck pain. Furthermore, the clinical documentation does not provide any evidence of an active therapeutic program that would benefit from the adjunctive treatment of injection therapy. Therefore, the requested Botox injection in the left neck (Quantity: 1.00) is not medically necessary or appropriate.

Botox Injection on the left shoulder QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Treatment, Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Botulinum toxin (injection).

Decision rationale: The request Botox injection of the left shoulder (Quantity: 1.00) is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has persistent cervical pain. It is noted that the injured worker previously underwent a Botox injection of the neck. However, the effectiveness of that injection was not provided for review. The California Medical Treatment Utilization Schedule does not specifically address this type of injection. The Official Disability Guidelines do not recommend Botox injections for myofascial pain syndromes or chronic neck pain. Furthermore, the clinical documentation does not provide any evidence of an active therapeutic program that would benefit from the adjunctive treatment of injection therapy. Therefore, the requested Botox injection in the left shoulder (Quantity: 1.00) is not medically necessary or appropriate.

Cortisone in the left piriformis injection QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation, 10th Edition, Treatment Index; Hip and Pelvis (updated 12/9/13); Piriformis Injectins.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Piriformis Injection.

Decision rationale: The requested corticosteroid injection in the left piriformis (Quantity: 1.00) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address this type of injection. The Official Disability Guidelines recommend a piriformis injection after injured workers have failed to respond to at least 1 month of supervised skilled physical therapy. The clinical documentation submitted for review does not provide any evidence that the injured worker is currently participating in any type of supervised skilled therapy directed towards the piriformis muscle to relieve compression of the sciatic nerve. Therefore, a corticosteroid injection in the left piriformis would not be indicated at this time. Therefore, the requested cortisone and left piriformis injection (Quantity: 1.00) is not medically necessary or appropriate.