MAXIMUS Federal Services

Case Number:	CM14-0036531		
Date Assigned:	06/20/2014	Date of Injury:	01/15/2009
Decision Date:	07/18/2014	UR Denial Date:	03/07/2014
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 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 injured worker is a 54 year old male who reported an injury on 01/15/2009 due to an unknown mechanism of injury. The injured worker complained of neck and back pain. On 11/15/2013 the physical examination revealed full flexion of the neck with extension at 15 degrees without compensatory movement. The injured worker had a MRI in 02/2009 which revealed multi-level DDD from C3-C6-7 with mild narrowing of the C6-7. The injured worker had a diagnoses of cervical DDD with spondylosis, dystonia, and osteoporosis. The past treatment included acupuncture, aquatic therapy, Botox, epidural steroid injections, and physical therapy. The injured worker was on the following medications Motrin 600mg, Reglan 10mg, flexeril ER, Zofran 8mg, baclofen 10mg, and fentanyl 12mg. The current treatment is for repeat Botox injection cervical. The rationale was that the Botox has helped in the past by treating the nuchal muscles that keep the head extended and down. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Botox Injection Cervical: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Botulinum toxin (Botox, Myobloc).

Decision rationale: The CA MTUS and ODG guidelines state that Botox injections are not recommended for tension-type headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. The request for repeat Botox injection cervical is not medically supported per the CAMTUS and ODG guidelines, several recent studies have found no statistical support for the use of Botox. Therefore, the request for repeat Botox injection cervical is not medically necessary and appropriate.