

Case Number:	CM14-0036712		
Date Assigned:	06/25/2014	Date of Injury:	11/12/2011
Decision Date:	08/07/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/26/2014

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 claimant is a represented [REDACTED] employee who has filed a claim for spasmodic torticollis of the neck reportedly associated with an industrial injury of November 12, 2011. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; psychological counseling; unspecified amounts of psychotherapy; and a variety of psychotropic medications. In a Utilization Review Report dated March 6, 2014, the claims administrator denied a request for outpatient Botox injections for purported cervical dystonia. The claimant's attorney subsequently appealed, on March 16, 2014. In a progress note dated March 29, 2014, the claimant was described as using Cymbalta and Valium for depression, sleep, and anxiety. The claimant wanted to restart Botox injections on the grounds that this treatment was helpful in the past. The claimant was described as having ongoing issues with tinnitus, pain, and headaches. The claimant was given refills of Cymbalta, Valium, and asked to remain off of work indefinitely. The claimant was asked to consult a chronic neck pain specialist. On March 31, 2014, the attending provider again stated that the claimant should remain off of work indefinitely. Botox injections were sought through a handwritten request for authorization dated February 27, 2014. In a February 3, 2014 progress note, it was stated that the claimant had had Botox injection as recently as December 19, 2013 and the claimant was responding favorably to the same. There was no documentation provided indicating that improvement had been generated with Botox was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection x 350 units of Botox Type A for the treatment of cervical dystonia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Botox neck.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin topic Page(s): 25-26.

Decision rationale: The request in question represents a request for repeat Botox injections. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend Botox injections for cervical dystonia, in this case, however, the applicant has had earlier Botox injections. There has been no demonstration of functional measures defined in MTUS 9792.20f effected through the same. The applicant remains off of work, on total temporary disability, and seemingly remains highly reliant and highly dependent on a variety of psychotropic, analgesic, and/or adjuvant medications. The applicant is off of work. The attending provider has not established the presence of any lasting benefit or functional improvement in terms of the parameters established in MTUS 9792.20f despite earlier Botox injections. It is further noted that there is considerable lack of diagnostic clarity here. It is unclear whether the applicant is experiencing neck pain secondary to underlying mental health issues, neck pain secondary to headaches, and/or bona fide cervical dystonia. For all of the stated reasons, then, the request is not medically necessary.