

<b>Case Number:</b>	CM14-0049809		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/04/2004
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Preventive 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:

According to the records made available for review, this is a 59-year-old male with a 10/4/04 date of injury. At the time of request for authorization for 1 Botox injection on 3/19/14, there was documentation of subjective (chronic severe bilateral posterior neck pain and bilateral shoulder pain rated as a 9 out of 10) and objective (tenderness over the right cervical facet pillars, decreased cervical range of motion, and decreased strength of the bilateral shoulders and elbows) findings, current diagnoses (cervicalgia), and treatment to date (Botox injection on 11/21/13 with decrease in level of pain; narcotic analgesics, and acupuncture). There is no documentation of cervical dystonia/spasmodic torticollis (characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Botox injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Botox is not generally recommended for chronic pain disorders (tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections), but is recommended for cervical dystonia/spasmodic torticollis (characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions). Within the medical information available for review, there is documentation of a diagnosis of cervicgia. In addition, there is documentation of a chronic pain disorder (chronic neck pain). Furthermore, there is no documentation of cervical dystonia/spasmodic torticollis (characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions). Therefore, based on guidelines and a review of the evidence, the request for 1 Botox injection is not medically necessary.