MAXIMUS Federal Services

Case Number:	CM14-0051600		
Date Assigned:	07/07/2014	Date of Injury:	04/29/2011
Decision Date:	08/21/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/18/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 38 year old male whose date of injury is 04/29/11. The mechanism of injury occurred when a metal panel/gauge fell from an overhead area and struck his head. Treatment to date includes acupuncture, physical therapy, massage, trigger point injections and transcutaneous electrical nerve stimulation (TENS unit). The injured worker is diagnosed with post-concussion headache, muscle spasm in the right periscapular and chronic pain. The injured worker underwent biceps tendon rupture repair in April 2013. Note dated 03/28/14 indicates that the injured worker has been recommended for 100 units of Botox injection for thoracic parascapular region. The injured worker complains of chronic right upper extremity and upper back pain. He has been able to return to full duty work. The injured worker is noted to be permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 Unit Botox Injection for Thoracic Parascapular Region: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on the clinical information provided, the request for 100 unit Botox injection for thoracic parascapular region is not recommended as medically necessary. California Medical Treatment Utilization Schedule guidelines note that Botox is recommended for cervical dystonia, but is not generally recommended for the treatment of chronic pain disorders. The submitted records fail to establish that the injured worker presents with cervical dystonia. Therefore, the requested Botox injection is not in accordance with California Medical Treatment Utilization guidelines, and medical necessity is not established.