

Case Number:	CM14-0058861		
Date Assigned:	07/09/2014	Date of Injury:	06/26/2010
Decision Date:	10/14/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/29/2014

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 Nevada. 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 records presented for review indicate that this 34-year-old gentleman was reportedly injured on June 26, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 28, 2014, indicates that there are ongoing complaints of cervical spine pain radiating to the bilateral shoulders as well as lumbar spine pain radiating to the legs. The injured employee states that he has been taking his medications regularly. The physical examination demonstrated tenderness along the cervical paraspinal muscles with spasms. There was decreased cervical spine range of motion and a normal upper extremity neurological examination. The physical examination of the lumbar spine also noted tenderness and spasms over the paraspinal muscles. There was decreased lumbar spine range of motion. Diagnostic imaging studies of the cervical spine revealed a disc bulge at C3 - C4 and C6 - C7. Previous treatment is unknown. A request had been made for Botox injection of the cervical paraspinal muscle and was not certified in the pre-authorization process on April 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection cervical paraspinal muscle: Upheld

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

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, Botulism Toxin

Decision rationale: According to the Official Disability Guidelines botulism toxin injections are recommended for cervical dystonia but not recommended for mechanical neck disorders including whiplash. The injured employee has not been diagnosed with cervical dystonia. Considering this, the request for a Botox injection for the cervical paraspinal muscles is not medically necessary.