

<b>Case Number:</b>	CM14-0063430		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 50-year-old female who reported an injury on 06/19/2012. The mechanism of injury involved a fall. Current diagnoses include cervical strain with aggravation of pre-existing spondylosis, status post cervical anterior decompression and fusion with hardware removal. Right shoulder myofascial pain and spasm, cervical occipital headaches, and nonindustrial pre-existing C5-6 fusion. The injured worker was evaluated on 02/05/2014. It is noted that the injured worker has been previously treated with medication, physical therapy, acupuncture, and epidural steroid injections. The injured worker reported neck pain with significant headaches. Physical examination revealed limited cervical range of motion, a healed surgical scar, tenderness to palpation, intact sensation, and diminished strength. Treatment recommendations at that time included a trial of Botox injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Botox Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS Guidelines state botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Botox injections are not recommended for tension type headaches, migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger points. Therefore, the current request cannot be determined as medically appropriate. The injured worker does not maintain a diagnosis of cervical dystonia. Based on the clinical information received, the request is non-certified.