MAXIMUS Federal Services

| Case Number: | CM14-0071923 | | |
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| Date Assigned: | 07/16/2014 | Date of Injury: | 05/30/2008 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 05/02/2014 |
| Priority: | Standard | Application Received: | 05/19/2014 |

## 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 Pain Management and Rehabilitation 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 underlying date of injury in this case is 5/30/2008. The date of the utilization review under appeal is 4/22/2014. The treating diagnoses include chronic cephalgia, recurrent myofascial strain, bilateral upper extremity radicular pain, and a myofascial strain. An initial physician review recommended noncertification of Botox given the lack of the diagnosis of cervical dystonia. That physician review also recommended noncertification of bilateral C3 and 3-4 radiofrequency ablation treatments, noting the previous radiofrequency ablation was 1-1/2 years ago in 2012 and concluding that new diagnostic blocks would be necessary in order to support an indication for radiofrequency ablation.A treating physician note of 4/10/2014 notes that the patient preseted with neck and left upper extremity pain and headaches. On examination the patient had facet loading concordant with pain. There was no radicular pain with a Spurling maneuver. The patient was noted to have a dystonic sternocleidomastoid with occipital rotators. The treating physician noted that a prior radiofrequency ablation of 7/2012 demonstrated 80% pain relief and the patient was able to stop taking oxycodone. The treating physician also requested Botox for dystonia.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox 200 units with ultrasound:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botox, Page(s): 95-96.

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Botox pages 95-96 states that Botox is indicated for cervical dystonia but not generally for chornic cervical pain. This guidelines notes that cervical dystonia is not generally related to a work-related injury. The records do not provide a basis to conclude that this patient has cervical dystonia and provides only limited discussion of the rationale for reaching such a conclusion. The medical records and guidelines do not support the request for Botox injection. This request is not medically necessary.

**Bilateral C3 and C4 radio frequency ablation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web, 2012, "neck, upper back", facet radiofrequency neurotomy; See also cervicogenic headache, facet joint neurotomy and Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Neck - Section on Ddiagnostic Blocks

**Decision rationale:** The Medical Treatment Utilization Schedule does not specifically discussion indications for repeat radiofrequency ablation treatment. I note that a prior physician review states that repeat diagnostic blocks would be indicated at this time, even though the exam is noted to demonstrate facet-loading maneuvers currently and the history remains that of nonradicular pain. However, Official Disability Guidelines/Treatment in Workers Compensation/Neck states regarding diagnostic blocks that one medial branch block is required. This guideline states that repeat radiofrequency treatment is based on the adequacy of prior blocks, plus documented improvement in pain score and documented improvement in function. In this case, the patient is noted to have had sufficient improvement from a past radiofrequency treatment to discontinue opioid treatment with oxycodone, and the patient reported 80% pain relief. The guidelines do support a repeat radiofrequency treatment in this situation. The treatment guidelines do not require another diagnostic injection in this situation. This request is medically necessary.