MAXIMUS Federal Services

| Case Number: | CM14-0072045 | | |
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| Date Assigned: | 07/16/2014 | Date of Injury: | 04/01/2009 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 05/05/2014 |
| 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and New York. 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 44 year old male who sustained injuries to his neck and head on 04/01/09. The mechanism of injury was not documented. Electromyogram/nerve conduction studies were positive for carpal tunnel syndrome. The injured worker was diagnosed with cervical spine sprain, history of 2nd, 3rd, 4th, 5th and 6th rib fractures with residual right sided chest pain, thoracic spine strain and L4-5 disc herniation. An agreed medical evaluation noted that future medical care allowed for oral analgesics. No further physical therapy, chiropractic, passive modalities or Botox injections were indicated. A clinical note dated 02/26/14 reported that the severity of the injured worker's headaches was increasing as the effects of previous Botox injection were wearing off after two months.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid/Anesthetic Injection: Botox Injections into scalp and cervical muscles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule states that treatment with Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Several recent studies have found no statistical support for the use of Botox for migraine headaches or myofascial analgesic pain relief. In this case, there was no indication that the injured worker has been diagnosed with cervical dystonia or spasmodic torticollis. Given the clinical documentation submitted for review, medical necessity of the request for steroid/anesthetic injection: Botox injections into the scalp and cervical muscles is not medically necessary and appropriate.