

<b>Case Number:</b>	CM14-0079034		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/23/2004
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Preventive Medicine 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:

According to the records made available for review, this is a 42-year-old female with a 4/23/04 date of injury. At the time (4/24/14) of request for authorization for Botox injections, right paracervical, right rhomboid, right trapezius, right levator scapula muscles, there is documentation of subjective (constant neck pain made worse by lifting, prolonged standing, walking and made better by rest, heat, massage, and medication) and objective (tender cervical spine with pain on palpation of the cervical facets on the right side, shoulders asymmetric, palpable trigger points in the muscles of the head and neck, right trapezius, paracervical, levator scapula and rhomboid, and increased tone on right side musculature) findings, current diagnoses (causalgia of upper limb, depression, long term current use of opiate analgesic, and muscle spasm), and treatment to date (medications (including Carisoprodol, Norco, Lyrica, Methadone, Ibuprofen, Cymbalta, Topiramate, Buspirone, Clonazepam, and compound cream)). Medical report identifies plan for Botox injections for spastic muscles. There is no documentation of cervical dystonia. In addition, there is no documentation of moderate or greater severity; clonic and/or tonic involuntary contractions of multiple neck muscles; sustained head torsion and/or tilt with limited range of motion in the neck; and those alternative causes of symptoms have been considered and ruled out.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injections, right paracervical, right rhomboid, right trapezius, right levator scapula muscles:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Botulinum toxin (injection).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of cervical dystonia, to support the medical necessity of Botox injections for the neck. ODG identifies documentation of cervical dystonia (spasmodic torticollis) and moderate or greater severity; clonic and/or tonic involuntary contractions of multiple neck muscles; sustained head torsion and/or tilt with limited range of motion in the neck; duration of the condition greater than 6 months; and that alternative causes of symptoms have been considered and ruled out (including chronic neuroleptic treatment, contractures, or other neuromuscular disorder), to support the medical necessity of Botox injections for the neck. Within the medical information available for review, there is documentation of diagnoses of causalgia of upper limb, depression, long term current use of opiate analgesic, and muscle spasm. In addition, there is documentation of duration of the condition greater than 6 months. However, there is no documentation of cervical dystonia. In addition, there is no documentation of moderate or greater severity; clonic and/or tonic involuntary contractions of multiple neck muscles; sustained head torsion and/or tilt with limited range of motion in the neck; and those alternative causes of symptoms have been considered and ruled out (including chronic neuroleptic treatment, contractures, or other neuromuscular disorder). Therefore, based on guidelines and a review of the evidence, the request for Botox injections, right paracervical, right rhomboid, right trapezius, right levator scapula muscles is not medically necessary.