

Case Number:	CM14-0080701		
Date Assigned:	07/18/2014	Date of Injury:	09/27/2008
Decision Date:	09/17/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational 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 51-year-old female with a 9/27/08 date of injury. At the time (4/22/14) of request for authorization for Botox Injections 200 Units - Cervical Spine and Botox Injections 200 Units - Lumbar Spine, there is documentation of subjective (continued neck and low back pain with radiation to the upper and lower extremities with severe spasms, numbness, and tingling) and objective (tenderness to palpation over the cervical spine with spasms in the paraspinal musculature, decreased range of motion, and decreased sensation in the C7 dermatome; tenderness with paraspinal spasms over the lumbar spine with decreased range of motion, hypesthesia in the right L5 dermatome, and positive straight leg raise test) findings, current diagnoses (lumbar radiculopathy, displacement of cervical intervertebral disc, cervical spine degenerative disc disease, and lumbar spinal stenosis), and treatment to date (chiropractic therapy, physical therapy, medication, and epidural steroid injections). In addition, medical report identifies a request for Botox injections to the cervical and lumbar spine for torticollis and chronic severe muscle spasms in the cervical and lumbar paraspinal musculature. Regarding Botox Injections 200 Units - Cervical Spine, there is no documentation of cervical dystonia/spasmodic torticollis (characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions). Regarding Botox Injections 200 Units - Lumbar Spine, there is no documentation that a favorable initial response predicts subsequent responsiveness, and Botox is used as an option in conjunction with a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injections 200 Units - Cervical Spine: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Botox is not generally recommended for chronic pain disorders (tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections), but is recommended for cervical dystonia/spasmodic torticollis (characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions). Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, displacement of cervical intervertebral disc, cervical spine degenerative disc disease, and lumbar spinal stenosis. In addition, there is documentation of chronic pain disorders (chronic neck pain). Furthermore, despite documentation of a request for Botox injections to the cervical spine for torticollis and chronic severe muscle spasms in the cervical paraspinal musculature, there is no (clear) documentation of cervical dystonia/spasmodic torticollis (characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions). Therefore, based on guidelines and a review of the evidence, the request for Botox Injections 200 Units - Cervical Spine is not medically necessary.

Botox Injections 200 Units - Lumbar Spine: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Botox is not generally recommended for chronic pain disorders (tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections), but is recommended for chronic low back pain, if a favorable initial response predicts subsequent responsiveness, or as an option in conjunction with a functional restoration program. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, displacement of cervical intervertebral disc, cervical spine degenerative disc disease, and lumbar spinal stenosis. In addition, there is documentation of chronic low back pain. However, despite documentation of a request for Botox injections to the lumbar spine for chronic severe muscle spasms in the lumbar paraspinal musculature, there is no documentation that a favorable initial response predicts subsequent responsiveness, and Botox is used as an option in conjunction with a functional restoration program. Therefore, based on guidelines and a

review of the evidence, the request for Botox Injections 200 Units - Lumbar Spine is not medically necessary.