

Case Number:	CM14-0083674		
Date Assigned:	09/08/2014	Date of Injury:	04/30/2008
Decision Date:	10/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/05/2014

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 Emergency 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:

Patient with reported date of injury on 4/30/2008. Mechanism of injury is described as cumulative trauma. Patient has a diagnosis of degenerative joint disease of knee, neck sprain/strain, chronic pain syndrome, shoulder pain and cervical dystonia. Patient has a history of prior unknown neck surgery. Medical reports reviewed. Last report available until 7/8/14. Patient complains of neck, R shoulder and R knee 8/10 pain. Patient reports a recent fall injuring L foot. Objective exam reveals L foot ecchymosis, L knee with decreased painful range of motion (ROM); neck decreased painful ROM with hypertonicity with tenderness to palpation. Spasms noted to trapezius. Most of the notes relate to knee and shoulder complaints. Note from 4/18/14 merely states, "req auth for trial of botox injections to C/s musculature". There are no imaging or electrodiagnostic reports provided for review. Patient has reportedly completed physical therapy and various knee injections. Medication list include Pamelor, Flector patch, Gralise, Fioricet and Tylenol #3. Independent Medical Review is for trial of botox injections to C/S musculature. Prior UR on 5/16/14 recommended non-certification. Patient with reported date of injury on 4/30/2008. Mechanism of injury is described as cumulative trauma. Patient has a diagnosis of degenerative joint disease of knee, neck sprain/strain, chronic pain syndrome, shoulder pain and cervical dystonia. Patient has a history of prior unknown neck surgery. Medical reports reviewed. Last report available until 7/8/14. Patient complains of neck, R shoulder and R knee 8/10 pain. Patient reports a recent fall injuring L foot. Objective exam reveals L foot ecchymosis, L knee with decreased painful range of motion (ROM); neck decreased painful ROM with hypertonicity with tenderness to palpation. Spasms noted to trapezius. Most of the notes relate to knee and shoulder complaints. Note from 4/18/14 merely states, "req auth for trial of botox injections to C/s musculature". There are no imaging or electrodiagnostic reports provided for review. Patient has reportedly completed physical therapy

and various knee injections. Medication list include Pamelor, Flector patch, Gralise, Fioricet and Tylenol #3. Independent Medical Review is for trial of botox injections to C/S musculature. Prior UR on 5/16/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Botox Injections to C/S Musculature: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Neck and Upper Back>, <Botulinum Toxin(injection)>

Decision rationale: MTUS Chronic pain and ACOEM guidelines do not adequately deal with this topic. As per Official Disability Guidelines(ODG), botulinum toxin injection(ie. Botox) may be recommended for cervical dystonia as per certain criteria:1)Moderate or greater severity: Not properly documented. Patient does not appear to have any documented dystonia in prior visits. This event seems acute on chronic.2)Clonic/Tonic involuntary contraction of multiple neck muscles. Fails criteria.3)Sustained head torsion/tilt with limited ROM: Fails criteria. Patient is able to range with pain.4)Duration greater than 6months. Fails criteria. Visit from 1month prior does not document dystonia.5)Alternative causes ruled out. Meets criteria. Pt fails multiple criteria to recommend Botox injection to the neck. Botox is not medically necessary.