

Case Number:	CM14-0090914		
Date Assigned:	09/10/2014	Date of Injury:	10/05/2012
Decision Date:	10/07/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 58-year-old female with a 10/5/12 date of injury. At the time (8/18/14) of the Decision for 1 Botox injection for the cervical spine 1 vial (100 units) QTY: 1, there is documentation of subjective (neck pain) and objective (tenderness to palpation over the cervical spine, decreased range of motion, and positive spasms with trigger points and twitch responses) findings, current diagnoses (cervical myofascial pain, chronic pain, and cervical degenerative disc disease), and treatment to date (trigger point injections and medications). Medical reports identify a request for Botox injection in an effort to reduce medication requirement and improve overall function. There is no documentation of cervical dystonia (spasmodic torticollis) 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; 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).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Botox injection for the cervical spine 1 vial (100 units) QTY: 1: 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) 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; 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 cervical myofascial pain, chronic pain, and cervical degenerative disc disease. However, despite documentation of a request for Botox injection in an effort to reduce medication requirement and improve overall function, there is no documentation of cervical dystonia (spasmodic torticollis) 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; 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). Therefore, based on guidelines and a review of the evidence, the request for 1 Botox injection for the cervical spine 1 vial (100 units) QTY: 1 is not medically necessary.