

<b>Case Number:</b>	CM14-0094241		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/09/2008
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

27y/o female injured worker with date of injury 5/9/09 with related migraines, headache, and neck pain. Per 4/30/14 progress note, physical exam showed moderate cervical paraspinal muscle spasm and anterocollis. Per the latest progress report dated 5/6/14, the injured worker reported having disabling migraines and neck pain on a daily basis. She reported that she was unable to do anything for more than 45min to 1 hour at a time. For her severe symptoms of depression and anxiety, she was recommended 6 sessions of cognitive-behavioral therapy. Treatment to date had included physical therapy and medication management. The date of UR decision was 5/20/14. The date of UR decision was 5/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox, 300 Units (To be Injected to Cervical Area):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BOTOX, Cervical Dystonia (AKA Spasmodic Torticollis).

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

**Decision rationale:** With regard to Botox injection, the MTUS CPMTG p25 states: "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not

recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." Per 4/30/14 progress note, physical exam showed moderate cervical paraspinal muscle spasm and anterocollis. I respectfully disagree with the UR physician; this is consistent with a clinical diagnosis of dystonia, the request is medically necessary.