

<b>Case Number:</b>	CM14-0096569		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/15/1991
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Family 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:

The patient is a 62-year-old female who has submitted a claim for cervical stenosis associated with an industrial injury date of May 15, 1991. Medical records from 2014 were reviewed, which showed that the patient complained of chronic headaches and moderate pain to the neck that radiated to the shoulders and right arm with associated numbness and tingling sensation. On examination, there was moderate tenderness and spasm to the right paracervical area. Active range of motion (ROM) of the cervical spine was guarded. There was residual weakness of the right deltoid and right biceps. There were no sensory deficits. Reflexes were decreased symmetrically. Treatment to date has included medications, surgery and a Botox injection given on April 30, 2014. This injection allegedly provided a significant number of headache free days per month. Utilization review from June 9, 2014 denied the request for Botox injections because the guidelines did not support the use of this treatment modality for the patient's condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox Injection w/200 units Cervical Spine/Neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state Botox is not generally recommended for chronic pain disorders, but is recommended for cervical dystonia. Furthermore, Botox is not recommended for tension-type headache, migraine headache, or chronic neck pain. In this case, the patient complained of headaches. However, the patient did not have objective findings consistent with cervical dystonia and the guidelines do not support Botox for cervical stenosis. As such, the request is not medically necessary.