

<b>Case Number:</b>	CM13-0067845		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	06/14/2008
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 53-year old male with date of injury 6/14/2008. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain with radiation of the pain into the bilateral shoulders since the date of injury. He has been treated with surgery (C5-6 disc replacement), physical therapy, medications, epidural steroid injections, facet joint injections, radiofrequency ablation and Botox injections. MRI of the cervical spine dated 11/2014 revealed artificial disc at C5-6. Objective: decreased and painful range of motion of the cervical spine, tenderness to palpation of the cervical paraspinous musculature right greater than left. Diagnoses: cervicalgia, cervical spine degenerative disc disease. Treatment plan and request: injection 3rd series Botox injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection third series of Botox injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back

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

**Decision rationale:** This 53-year old male has complained of neck pain with radiation of the pain into the bilateral shoulders since date of injury 6/14/08. He has been treated with surgery (C5-6 disc replacement), physical therapy, medications, epidural steroid injections, facet joint injections, radiofrequency ablation and Botox injections. The current request is for injection 3rd series Botox injections. Per the MTUS guidelines cited above, Botox injections are not recommended for chronic pain disorders, but recommended for cervical dystonia. There is no documentation to support a diagnosis of cervical dystonia in this patient. On the basis of the MTUS guidelines and available medical documentation, Botox injection is not medically necessary.