

<b>Case Number:</b>	CM14-0002823		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	10/29/2009
<b>Decision Date:</b>	01/19/2015	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 63 year old female with an injury date of 10/29/09. Based on the 12/30/13 progress report provided by treating physician, the patient complains of left neurogenic thoracic outlet syndrome. Physical examination on 12/30/13 "revealed good range of motion in her right upper extremity. Military posture after 30 seconds causes color changes in her left hand. Her left hand is 2 degrees cooler than the right hand when measured with infrared thermometer." Patient "underwent Botox injections into left anterior and middle scalene, pectoralis minor, and subclavius muscles. She notes that Botox does really help reduce her symptoms. She can use her arm a little bit more with reaching activities, such as reaching for cabinets and washing her hair... Because Botox does seem to be helping, she cancelled the tentatively scheduled surgery and would like to continue using Botox to see if her symptoms will either be maintained or continue to improve." Patient's medications include Gabapentin, Skelaxin, Tylenol, Metoprolol and Protonix. Patient is permanent and stationary. Diagnosis 12/30/13:- left thoracic outlet syndrome- severe left cervical neuroforaminal stenosis at C5-6 and T1-2. The utilization review determination being challenged is dated 12/30/13. Treatment reports were provided from 04/07/12 - 12/30/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left anterior and middle scalene chemo-denervation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with left neurogenic thoracic outlet syndrome. The request is for left anterior and middle scalene chemo-denervation. Patient's diagnosis on 12/30/13 included severe left cervical neuroforaminal stenosis at C5-6 and T1-2. Physical examination on 12/30/13 "revealed good range of motion in her right upper extremity. Military posture after 30 seconds causes color changes in her left hand. Her left hand is 2 degrees cooler than the right hand when measured with infrared thermometer." Patient's medications include Gabapentin, Skelaxin, Tylenol, Metoprolol and Protonix. Patient is permanent and stationary. MTUS Guidelines, pages 25-26, Chronic Pain Medical Treatment Guidelines: Botulinum toxin (Botox; Myobloc) not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Per progress report dated 12/30/14, patient "underwent Botox injections into left anterior and middle scalene, pectoralis minor, and subclavius muscles. She notes that Botox does really help reduce her symptoms. She can use her arm a little bit more with reaching activities, such as reaching for cabinets and washing her hair. Because Botox does seem to be helping, she cancelled the tentatively scheduled surgery and would like to continue using Botox to see if her symptoms will either be maintained or continue to improve. However, in review of medical records, treater does not discuss cervical dystonia, nor traumatic brain injury for which the procedure would be indicated. While the patient does report good response with this injection, MTUS does not support Botox injections for neck pain, myofascial pain, and trigger point injections. The request does not meet guideline indications; therefore it is not medically appropriate.

**Left pectoralis minor chemo-denervation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with left neurogenic thoracic outlet syndrome. The request is for left pectoralis minor chemo-denervation. Patient's diagnosis on 12/30/13 included severe left cervical neuroforaminal stenosis at C5-6 and T1-2. Physical examination on 12/30/13 "revealed good range of motion in her right upper extremity. Military posture after 30 seconds causes color changes in her left hand. Her left hand is 2 degrees cooler than the right hand when measured with infrared thermometer." Patient's medications include Gabapentin, Skelaxin, Tylenol, Metoprolol and Protonix. Patient is permanent and stationary. MTUS Guidelines, pages 25-26, Chronic Pain Medical Treatment Guidelines: Botulinum toxin (Botox; Myobloc) not recommended for the following: tension-type headache; migraine headache; fibromyositis;

chronic neck pain; myofascial pain syndrome; & trigger point injections. Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Per progress report dated 12/30/14, patient "underwent Botox injections into left anterior and middle scalene, pectoralis minor, and subclavius muscles. She notes that Botox does really help reduce her symptoms. She can use her arm a little bit more with reaching activities, such as reaching for cabinets and washing her hair... Because Botox does seem to be helping, she cancelled the tentatively scheduled surgery and would like to continue using Botox to see if her symptoms will either be maintained or continue to improve. However, in review of medical records, treater does not discuss cervical dystonia, nor traumatic brain injury for which the procedure would be indicated. While the patient does report good response with this injection, MTUS does not support Botox injections for neck pain, myofascial pain, and trigger point injections. The request does not meet guideline indications; therefore it is not medically appropriate.

**Left subclavius chemo-denervation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with left neurogenic thoracic outlet syndrome. The request is for left subclavius chemo-denervation. Patient's diagnosis on 12/30/13 included severe left cervical neuroforaminal stenosis at C5-6 and T1-2. Physical examination on 12/30/13 "revealed good range of motion in her right upper extremity. Military posture after 30 seconds causes color changes in her left hand. Her left hand is 2 degrees cooler than the right hand when measured with infrared thermometer." Patient's medications include Gabapentin, Skelaxin, Tylenol, Metoprolol and Protonix. Patient is permanent and stationary. MTUS Guidelines, pages 25-26, Chronic Pain Medical Treatment Guidelines: Botulinum toxin (Botox; Myobloc) not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Per progress report dated 12/30/14, patient "underwent Botox injections into left anterior and middle scalene, pectoralis minor, and subclavius muscles. She notes that Botox does really help reduce her symptoms. She can use her arm a little bit more with reaching activities, such as reaching for cabinets and washing her hair... Because Botox does seem to be helping, she cancelled the tentatively scheduled surgery and would like to continue using Botox to see if her symptoms will either be maintained or continue to improve. However, in review of medical records, treater does not discuss cervical dystonia, nor traumatic brain injury for which the procedure would be indicated. While the patient does report good response with this injection, MTUS does not support Botox injections for neck pain, myofascial pain, and trigger point injections. The request does not meet guideline indications; therefore it is not medically appropriate.

**Left trapezius chemo-denervation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with left neurogenic thoracic outlet syndrome. The request is for left trapezius chemo-denervation. Patient's diagnosis on 12/30/13 included severe left cervical neuroforaminal stenosis at C5-6 and T1-2. Physical examination on 12/30/13 "revealed good range of motion in her right upper extremity. Military posture after 30 seconds causes color changes in her left hand. Her left hand is 2 degrees cooler than the right hand when measured with infrared thermometer." Patient's medications include Gabapentin, Skelaxin, Tylenol, Metoprolol and Protonix. Patient is permanent and stationary.MTUS Guidelines, pages 25-26, Chronic Pain Medical Treatment Guidelines: Botulinum toxin (Botox; Myobloc) not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Not generally recommended for chronic pain disorders, but recommended for cervical dystonia.Per progress report dated 12/30/14, patient "underwent Botox injections into left anterior and middle scalene, pectoralis minor, and subclavius muscles. She notes that Botox does really help reduce her symptoms. She can use her arm a little bit more with reaching activities, such as reaching for cabinets and washing her hair... Because Botox does seem to be helping, she cancelled the tentatively scheduled surgery and would like to continue using Botox to see if her symptoms will either be maintained or continue to improve. However, in review of medical records, treater does not discuss cervical dystonia, nor traumatic brain injury for which the procedure would be indicated. While the patient does report good response with this injection, MTUS does not support Botox injections for neck pain, myofascial pain, and trigger point injections. The request does not meet guideline indications; therefore it is not medically appropriate.

**Ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with left neurogenic thoracic outlet syndrome. The request is for ultrasound guidance. Patient's diagnosis on 12/30/13 included severe left cervical neuroforaminal stenosis at C5-6 and T1-2. Physical examination on 12/30/13 "revealed good range of motion in her right upper extremity. Military posture after 30 seconds causes color changes in her left hand. Her left hand is 2 degrees cooler than the right hand when measured with infrared thermometer." Patient's medications include Gabapentin, Skelaxin, Tylenol, Metoprolol and Protonix. Patient is permanent and stationary.MTUS Guidelines, pages 25-26, Chronic Pain Medical Treatment Guidelines: Botulinum toxin (Botox; Myobloc) not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Not generally

recommended for chronic pain disorders, but recommended for cervical dystonia. Per progress report dated 12/30/14, patient "underwent Botox injections into left anterior and middle scalene, pectoralis minor, and subclavius muscles. She notes that Botox does really help reduce her symptoms. She can use her arm a little bit more with reaching activities, such as reaching for cabinets and washing her hair. Because Botox does seem to be helping, she cancelled the tentatively scheduled surgery and would like to continue using Botox to see if her symptoms will either be maintained or continue to improve. However, in review of medical records, treater does not discuss cervical dystonia, nor traumatic brain injury for which the procedure would be indicated. While the patient does report good response with this injection, MTUS does not support Botox injections for neck pain, myofascial pain, and trigger point injections. The request does not meet guideline indications ultrasound guidance is not addressed by guidelines, therefore it is not medically appropriate.