

Case Number:	CM14-0162182		
Date Assigned:	10/07/2014	Date of Injury:	03/01/2013
Decision Date:	02/27/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

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 an injured worker with a history of neck and back complaints. Date of injury was March 1, 2013. The primary treating physician's progress report dated September 3, 2014 reported that the cervical spine demonstrated relatively full range of motion. The secondary treating physician's progress report dated October 7, 2014 documented that the neck was supple and demonstrated full range of motion. The physical medicine & rehabilitation consultation report dated September 8, 2014 documented that patient stated that about one year ago she developed the onset of pain in her neck and mid-back during the course of her regular work duties. She has treated with acupuncture and selective nerve root block injections and physical therapy. Trigger point injections did not provide any relief. Right C6 transforaminal epidural steroid injection at the C5-C6 neural foramen did not provide any significant relief of the pain. The patient is experiencing upper neck and mid-back pain between the shoulders and radiating pain down the arms to the fingers. She finds that working on the computer and doing activity that required tilting her head down or with her arms extended or up will aggravates pain. She experiences some tingling on the back of both hands and some tremors in the upper right arm. The patient indicates that sleeping is a problem because of her hand and arm symptoms. There are no bruising tendencies. The patient does not have any difficulty with clotting. The patient is not allergic to latex. There is no food or environmental allergies. Physical examination was documented. The exam was for negative spasm, winging, Spurling's, and Adson's tests. Negative spasm was documented. No tremor of the head and neck were noted. No tonic posturing of the head was noted. Diagnoses included cervical spondylosis, cervical neural

foraminal stenosis, cervical degenerative disc disease, and myofascial pain syndrome. Treatment plan was documented. Botox 300 units right and left cervical paraspinals and periscapular muscles was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Botox 300 Units to the Left and Right Cervical Paraspinals under EMG Guidance, Quantity: 2: Upheld

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

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 and Upper Back (Acute & Chronic) Botulinum toxin (injection) Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Botulinum toxin (Botox®).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses Botox Botulinum toxin. MTUS Chronic Pain Medical Treatment Guidelines indicates that Botox Botulinum toxin is not generally recommended for chronic pain disorders. Botox is not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. Official Disability Guidelines (ODG) indicates that Botulinum toxin injection is not recommended for mechanical neck disorders, headache, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. Several recent studies have found no statistical support for the use of Botulinum toxin A (BTX-A) for the treatment of cervical or upper back pain, including myofascial analgesic pain, myofascial cervical pain, and myofascial trigger points. Recent systematic reviews have stated that current evidence does not support the use of BTX-A trigger point injections for myofascial pain or mechanical neck disease. There are potentially significant side effects including death. A boxed warning now highlights the possibility of experiencing potentially life-threatening distant spread of toxin effect from the injection site after local injection. The primary treating physician's progress report dated September 3, 2014 reported that the cervical spine demonstrated relatively full range of motion. The physical medicine & rehabilitation consultation report dated September 8, 2014 reported negative spasm, winging, Spurling's, and Adson's tests. Negative spasm was documented. No tremor of the head and neck was noted. No tonic posturing of the head was noted. The secondary treating physician's progress report dated October 7, 2014 documented that the neck was supple and demonstrated full range of motion. The request for Botox is not supported by MTUS or ODG guidelines. Therefore, the request for Botox 300 Units to the Left and Right Cervical Paraspinals under EMG Guidance, Quantity: 2 is not medically necessary.