

<b>Case Number:</b>	CM14-0187169		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	12/16/1996
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 65-year-old female with date of injury of 12/16/1996. The treating physician's listed diagnoses from 09/22/2014 are: 1. cervical disc disease 2. L 3-4, L4 - 5 radiculopathy bilateral Lower extremity 3. Cervical stenosis 4. Left carpal tunnel syndrome 5. Status post left knee surgery; date unknown According to this report the patient continues to complain of bilateral knee pain. She states that she recently had a fall, landing on her left knee. At her last visit, she underwent onabotulinum toxin injections and has had a good response with decreased pain in her cervical paraspinal muscles and upper back. The examination shows cervical paraspinal muscles and trapezius muscles are less tight, with decreased trigger points. Cervical range of motion is full. Deep tendon reflexes are 3+ bilaterally for both upper and lower extremities. Sensory exam shows mild decreased sensation in her bilateral hands and feet. The documents include progress reports from 04/21/2014 to 11/19/2014. The utilization review denied the request on 10/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Onabotulinum toxin injected into cervical spine 200 units:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with bilateral knee pain and cervical spine pain. The treater is requesting Onabotulinum toxin injected into the cervical spine 200 units from the 09/22/2014 report. The MTUS guidelines page 25 and 26 on Botulinum toxin state, "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." The records show that the patient received 5 Botox injections from 04/21/2014 to 09/22/2014. The 09/22/2014 report notes, "repeat onabotulinum injections every 12 weeks for management of severe cervical pain and muscle spasticity." This patient does not present with cervical dystonia. 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. Recommendation is for denial.