

Case Number:	CM14-0192326		
Date Assigned:	11/26/2014	Date of Injury:	06/20/2006
Decision Date:	01/14/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 54 year old female with date of injury 6/20/06. The treating physician report dated 10/20/14 indicates that the patient presents with pain affecting the neck and left shoulder. The physical examination findings reveal tenderness in the cervical spine, muscle spasms, Spurling's maneuver causes radicular symptoms, and shoulder abduction causes pain on the left side. Prior treatment history includes medication, psychology care, cervical MBB at C7-T1 with 70% relief, trigger point injections, and chiropractic treatments. The current diagnoses are: 1. Cervicalgia, 2. Postlaminectomy Syndrome of Lumbar Region. The utilization review report dated 10/27/14 denied the request for Boxtox 100 unit with ultrasound guidance based on MTUS guidelines do not recommend it.

IMR ISSUES, DECISIONS AND RATIONALES

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

Boxtox 100 unit with ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) .

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

Decision rationale: The patient presents with pain affecting the neck and left shoulder. The current request is for Boxtox 100 unit with ultrasound guidance. The treating physician states, "request Botox 100 units with U/S for cervical dystonia." The MTUS guidelines 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." Dystonia is a movement disorder in which a person's muscles contract uncontrollably. The contraction causes the affected body part to twist involuntarily, resulting in repetitive movements or abnormal postures. In this case the treating physician has documented that the patient has 2+ spasm with trigger points and dystonia evident and there is no record of prior botox injection." Recommendation is for denial.