

Case Number:	CM14-0196344		
Date Assigned:	12/03/2014	Date of Injury:	01/23/2010
Decision Date:	01/20/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/21/2014

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 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 70 year old female with an injury date of 01/23/10. Based on the 08/07/14 progress report, the patient complains of headache, persistent neck and shoulder pain. The range of motion of neck and shoulder is diminished. Her diagnosis is chronic neck and left shoulder pain, status post-surgery. The patient is temporarily totally disabled. The treater's recommendation is to receive Botox injection. Based on the utilization review letter dated 10/21/14, the patient received Botox injection on 05/01/13, 07/25/13, and 09/11/14. Also, the patient received left sided intra-articular C2-C3, C3-C4 and C4-C5 injection, occipital blocks abduction trigger point injection (undated). Current medication is Imitrex. The treating physician is requesting for Botox and trigger point injections. The utilization review determination being challenged is dated 10/21/14. The requesting physician provided treatment reports from 04/24/14-08/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injections (Botox, trigger point): 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 Medical Treatment Guidelines MTUS under its chronic pain section has the following regarding tri.

Decision rationale: This patient presents with headache, neck and shoulder pain. The request is for Botox, trigger point injections. According to utilization review letter, "the patient received Botox injection on 05/01/13, 07/25/13, 09/11/14. The patient received left-sided intra-articular C2-C3, C3-C4 and C4-C5 injection, occipital blocks abduction trigger point injection (undated)...The prior Botox attempt was not successful and would like to try again because it was the only medication the patient had tolerated treating the chronic migraine." MTUS under its chronic pain section has the following regarding trigger point injections: (pg. 122), "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." The treater does not discuss this request in the reports provided. Discussion indicates prior injections for the patient; however, the reports provided do not show documentation of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain," as required by MTUS. For Botox, the MTUS Guidelines page 25 and 26 state, "not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "Not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections". In this case, the treater has prescribed Botox injection for the patient's chronic neck pain and migraine for which there is lack of MTUS guidelines support. The request IS NOT medically necessary.