

<b>Case Number:</b>	CM14-0198656		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	05/09/2009
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 27-year-old female with a 5/9/09 date of injury. At the time (11/7/14) of the request for authorization for 300 units of Botox to be injected at cervical area, there is documentation of subjective (none specified) and objective (resolution of the cervical paraspinal muscle spasm), current diagnoses (cervical dystonia), and treatment to date (Botox). There is no documentation of clonic and/or tonic involuntary contractions of multiple neck muscles; sustained head torsion and/or tilt with limited range of motion in the neck; duration of the condition greater than 6 months; and that alternative causes of symptoms have been considered and ruled out (including chronic neuroleptic treatment, contractures, or other neuromuscular disorder); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous Botox injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**300 units of Botox to be injected at cervical area:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Botulinum Toxin

**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 & Upper Back Chapter, Botulinum toxin (injection) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of cervical dystonia, as criteria necessary to support the medical necessity of Botox injections for the neck. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of clonic and/or tonic involuntary contractions of multiple neck muscles; sustained head torsion and/or tilt with limited range of motion in the neck; duration of the condition greater than 6 months; and that alternative causes of symptoms have been considered and ruled out (including chronic neuroleptic treatment, contractures, or other neuromuscular disorder), as additional criteria necessary to support the medical necessity of Botox injections for the neck. Within the medical information available for review, there is documentation of diagnoses of cervical dystonia. However, there is no documentation of clonic and/or tonic involuntary contractions of multiple neck muscles; sustained head torsion and/or tilt with limited range of motion in the neck; duration of the condition greater than 6 months; and that alternative causes of symptoms have been considered and ruled out (including chronic neuroleptic treatment, contractures, or other neuromuscular disorder). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous Botox injections. Therefore, based on guidelines and a review of the evidence, the request for 300 units of Botox to be injected at cervical area is not medically necessary.