

Case Number:	CM14-0206118		
Date Assigned:	12/18/2014	Date of Injury:	06/19/2002
Decision Date:	02/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/09/2014

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, 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 an injury date of 06/19/02. Based on the 11/06/14 progress report provided by treating physician, the patient complains of neck and back pain rated 2-3/10 with and 8-9/10 without medications, and numbness in the upper extremities. Physical examination to the cervical spine revealed tenderness to palpation to the bilateral C5-6 paraspinals and bilateral trapezius muscles. Range of motion was decreased in all planes. Positive Spurling's bilaterally. Patient's medications include Naproxen, Tizanidine and Omeprazole. Patient had 6 physical therapy sessions, which provided pain relief for her neck and back. Per treater report dated 11/06/14, the patient had trigger point injections, but would like to "try something that will provide longer pain relief for her muscle spasms" and is interested in botox injections. Per treater report dated 12/04/14, trigger point injections "provide over 50% pain relief for over 2 weeks at a time." Diagnosis 11/06/14, 12/04/14- Neck pain status post cervical fusion- Chronic pain syndrome- Cervical radiculitis- Cervical discogenic pain- Myofascial pain due to nerve disc disease- Thoracic pain- Low back pain The utilization review determination being challenged is dated 12/02/14. Treatment reports were provided from 06/23/14 - 12/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injections (for myofascial pain over bilateral C5-7 & traps area): Upheld

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

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

Decision rationale: The patient presents with neck and back pain rated 2-3/10 with and 8-9/10 without medications, and numbness in the upper extremities. The request is for BOTOX INJECTIONS (FOR MYOFASCIAL PAIN OVER BILATERAL C5-7 & TRAPS AREA). Patient is status post cervical fusion, date unspecified. Patient's diagnosis on 12/04/14 included cervical radiculitis, cervical discogenic pain, and myofascial pain due to nerve disc disease. Patient's medications include Naproxen, Tizanidine and Omeprazole. Patient had 6 physical therapy sessions, which provided pain relief for her neck and back. Per treater report dated 12/04/14, trigger point injections "provide over 50% pain relief for over 2 weeks at a time." MTUS Guidelines, pages 25-26, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Botulinum toxin (Botox; Myobloc) not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Per treater report dated 11/06/14, the patient had trigger point injections, but would like to "try something that will provide longer pain relief for her muscle spasms" and is interested in botox injections. While the patient does report good response with trigger point injections, MTUS does not support Botox injections for neck pain, or myofascial pain, per patient's diagnosis. Furthermore, there is no documentation of cervical dystonia, for which Botox injections would be indicated. Therefore, the request IS NOT medically necessary.