

Case Number:	CM14-0206341		
Date Assigned:	12/18/2014	Date of Injury:	06/19/2007
Decision Date:	02/12/2015	UR Denial Date:	12/01/2014
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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of June 19, 2007. A utilization review determination dated December 1, 2014 recommends noncertification of Dysport. A progress report dated August 5, 2014 identifies subjective complaints of "Dysport injection, 2 recent injections." The patient reports worsened pain in his legs with increased pain and spasm of the neck and increased headaches. He has increased fatigue. Physical examination reveals "cervical dystonia." The cervical spine reveals tenderness and decreased range of motion with left paraspinal spasms. Procedure documentation indicates that 1000 units of Botox type A (Dysport) was injected in bilateral gastrocnemius, right lumbar paraspinal, right trapezius, right SCM, right cervical paraspinals, bilateral trapezius, bilateral temporalis, bilateral frontalis, bilateral corrugates, and procures. The diagnosis includes torticollis, chronic pain syndrome, reflex sympathetic dystrophy of the lower extremity, refractory migraine, lower limb spasticity, and hay fever with asthma. A progress report dated November 3, 2014 indicates that the patient has worsened pain in the legs with increased pain and spasm in the neck and increased headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Dysport 1000 units injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

Decision rationale: Regarding the request for botulinum toxin (Dysport), Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." Within the documentation available for review, the patient does have a diagnosis of cervical dystonia. However, the physical examination findings are unclear regarding the severity of the patient's condition. Furthermore, the most recent botulinum toxin injections were directed towards migraine headaches, lower extremity, and cervical muscles. And guidelines do not support the use of botulinum for chronic pain disorders other than cervical dystonia. Finally, there is no identification of any objective functional improvement or pain relief from the previous botulinum toxin injections. As such, the currently requested botulinum toxin is not medically necessary.