

Case Number:	CM14-0208669		
Date Assigned:	12/22/2014	Date of Injury:	04/28/2008
Decision Date:	02/25/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 50 year-old female with date of injury 04/28/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/24/2014, lists subjective complaints as pain in the neck and bilateral shoulders. Patient underwent a radiofrequency ablation at C2-C3 in 2012 and diagnostic medial branch blocks bilaterally at C4-C5, C5-C6, and C6-C7 in 2013. Objective findings: No physical examination was documented by the requesting physician. PR-2 from 09/17/2014 reported that patient had tenderness to palpation over the bilateral traps, scalenes, and sternocleidomastoid. Diagnosis: 1. Tension headache 2. Thoracic outlet syndrome 3. Cervical spondylosis 4. Cervical degenerative disc disease 5. Carpal tunnel syndrome bilaterally 6. Dystonia 7. Left supraclavicular edema with numbness 8. Migraine without aura 9. History of traumatic brain injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient botox to the neck, scalenes, and bilateral sternocleidomastoid: 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 Page(s): 25-26.

Decision rationale: According to the MTUS, Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Consideration may be given to using Botox for: chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. The injured worker's clinical picture does not fit the necessary criteria. Outpatient botox to the neck, scalenes, and bilateral sternocleidomastoid is not medically necessary.