MAXIMUS Federal Services

Case Number:	CM15-0002486		
Date Assigned:	01/13/2015	Date of Injury:	03/13/2014
Decision Date:	03/10/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 injured worker is a 52 year old male, who sustained a work/ industrial injury on 3/13/14. He has reported symptoms of neck pain. The diagnoses have included cervical myofasciitis. Treatment to date has included paraspinal trigger point injections, cold pack, moist heat, and analgesics (Tramadol and Ibuprofen). Currently the Injured Worker complains of tenderness over the spinous process on the right side the (paraspinal muscles at C6-C7). There was normal motor strength and sensation in the upper extremities. The current plan as of 11/13/14 was for acupuncture, Lidoderm patches, and Mobic. Magnetic Resonance Imaging (MRI) of the cervical spine on 7/31/14 noted grade 1 retrolisthesis with disc bulging at C4-5, C5-C6, C6-C7, and T1-T2 with no disc pathology or nerve impingement. Botox injections were requested also for pain management. On 12/17/14, Utilization Review non-certified a Botox injection to cervical paraspinal muscles at C6-C7, noting lack of evidence based support for use citing the Medial Treatment Utilization Schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection to the cervical paraspinal muscles at C6-C7: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders such as tension headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger points. However, botulinum toxin may be considered in cases of cervical dystonia (spasmodic torticollis), which is a condition not generally related to worker's compensation injuries. Also, botulinum toxin may be considered in cases of chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. In the case of this worker, there is not any evidence found in the documentation provided suggesting this worker was a candidate for Botox injections to the cervical paraspinal muscles, which is not a recommended treatment for the listed diagnoses. Therefore, the Botox will not be considered medically necessary.