

<b>Case Number:</b>	CM15-0003342		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	01/08/2003
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60-year-old male who reported injury on 01/08/2003. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical radiculopathy, cervical disc disease, cervical dystonia/torticollis and spondylitic myelopathy. Past medical treatment consists of surgery, therapy and medication therapy. Medications include Suboxone, Wellbutrin, Flexeril, Lisinopril, terazosin, Ambien, Requip, amitriptyline, bupropion, Zyprexa, Celebrex and finasteride. Diagnostic consists of repeat electrodiagnostic of the arms and legs. Diagnostics were not submitted for review. On 12/18/2014, the injured worker as seen for a recheck where he complained of numbness and tingling. Physical examination noted that the injured worker's mental status was normal and appropriate, as was his speech and thought content/perception. Muscle strength of the right deltoid was -3/+5, left deltoid was -4/-5, right biceps was -3/5 and left biceps was -4/-5. Medical treatment plan was for the injured worker to undergo Botox injections. The provider feels that the injured worker would be a good candidate for Botox injections, for he has failed medications, surgery and therapy. Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown Botox injections for dystonia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for unknown Botox injections for dystonia is not medically necessary. California MTUS Guidelines state that current evidence does not support the use of Botox trigger point injections for myofascial pain. It is, however, recommended for cervical dystonia, a condition that is not generally related to worker's compensation and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or tonic posturing of the head in a rotated, twisted or abnormally flexed or extended position or some combination of these positions. It was noted in the submitted documentation that the injured worker had a diagnosis of cervical dystonia. However, there was no indication of the injured worker having any characteristics of tremor or tonic posturing of the head in a rotated, twisted or abnormally flexed or extended position. Additionally, it was noted that the injured worker had undergone injections. Efficacy of prior injections were not submitted for review, nor did it indicate that they were beneficial to the injured worker's dystonia. Given the above, the request would not be indicated. As such, the request is not medically necessary.