

Case Number:	CM15-0004255		
Date Assigned:	01/15/2015	Date of Injury:	04/06/1994
Decision Date:	03/20/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/08/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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:

The injured worker is a 61-year-old male who reported an injury on 04/06/1994. The mechanism of injury was not stated. The current diagnoses include status post right knee replacement in 09/2006, chronic neck pain, history of cervical fusion, status post right carpal tunnel release in 10/2009, history of right shoulder surgery in 2000, and history of diabetes and blood pressure, nonindustrial. The injured worker presented on 12/03/2014 with complaints of worsening pain. The injured worker reported trigger points in the neck and upper shoulder on the right side. The current medication regimen includes Norco 10/325 mg, Lunesta 3 mg, Colace 250 mg, lactulose, Lyrica 150 mg, and tizanidine 4 mg. The injured worker has also been treated with physical therapy and TENS therapy. Upon examination, there were significant trigger points with twitch response and referred pain traveling into the upper neck and head with deep palpation. There was also significant tenderness to palpation in the paraspinal muscles of the lumbar spine. Recommendations at that time included continuation of the current medication regimen as well as a trigger point injection and 400 units of Botox to be injected into the paraspinal muscles of the lumbar spine. 8 sessions of physical therapy was recommended at that time. A request for authorization form was submitted on 12/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection 400 units, paraspinal muscles in the lumbar spine: 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 Page(s): 25-26.

Decision rationale: The California MTUS Guidelines state Botox injections are not recommended for tension headaches, migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger points. They are recommended for cervical dystonia. Therefore, the current request cannot be determined as medically appropriate at this time.

Physical therapy 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Physical therapy (PT); Low Back, Physical therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was no specific body part listed in the current request. Therefore, the request is not medically appropriate at this time.