

Case Number:	CM15-0133541		
Date Assigned:	07/21/2015	Date of Injury:	03/25/2014
Decision Date:	09/01/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/09/2015

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 York, Tennessee

Certification(s)/Specialty: Emergency 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 28 year old male who sustained a work related injury March 25, 2014. While role-playing, he fell and struck his left arm. He went to the emergency room and x-rays were negative. Over the course of three months he was provided medication and physical therapy and underwent a functional capacity evaluation. According to a physician's qualified medical examiner's report, dated April 1, 2015, the injured worker came under the care of a neurologist and in August of 2014, was told he had a stroke. Physical examination revealed he is right handed and holds his left arm in a fixed position, bent at 90 degrees at the left elbow with a clenched fist. He exhibits no voluntary movement of the arm. He can open his hand slightly with great effort and shoulder mobility is limited. Sensory testing shows diffuse loss throughout the left hemibody to all modalities in a non-organic pattern. He describes decreased color saturation with the left eye, decreased hearing in the left ear, and decreased vibratory perception on the skull and clavicle (non-physiologic). Deep tendon reflexes are normally active and symmetric. The gait is normal without limp or ataxia and cranial nerve examination is unremarkable. A brain MRI demonstrated 6-7 mm infarction in the right hemisphere. Diagnoses included a contusion with a strain of the left upper extremity which has become a form of CRPS (chronic regional pain syndrome) with dystonia and a significant psychiatric comorbidity in the form of depression and somatization with irritability and rage attacks. According to a physician's visit, dated June 10, 2015, the injured worker presented for a follow-up of his hemiparesis (CRPS-thalamic pain disorder) which followed a fall and blunt trauma to the left elbow and presumed paroxysmal embolus from right to left shunt versus vertebral dissection during the fall and coincident

Valsalva. His last Botox for involuntary dystonic movements of his left arm and left neck and shoulder was noted as April 7, 2015. Treatment plan included a psyche consultation and vocational rehab counseling which were authorized and at issue, a request for authorization for Botox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 100 units #2 for left arm/shoulder: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that Botox is not generally recommended for chronic pain disorders. It is recommended for cervical dystonia. It is not recommended for tension type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. Systematic reviews have stated that current evidence does not support the use of Botox for mechanical neck disease. In this case the patient is suffering from chronic regional pain syndrome of the left face, arm, and leg. There is no medical indication for botox use. The request is not medically necessary.