

Case Number:	CM15-0133856		
Date Assigned:	07/22/2015	Date of Injury:	12/27/2012
Decision Date:	08/20/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/10/2015

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

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:

The injured worker is a 60 year old female, who sustained an industrial injury on 12/27/12. She reported pain in the neck, left hand and headaches. The injured worker was diagnosed as having right impingement syndrome, cervical facet arthropathy, cervicogenic headache and myofascial pain syndrome. Treatment to date has included Cambia, Lidoderm patches, Lyrica, Voltaren gel, a cervical medial branch block with 50% relief and a left hand x-ray. As of the PR2 dated 6/3/15, the injured worker reports worsening pain in her neck, left hand and headaches. She indicated swelling and warmth in the left frontal area making her unable to use her hand. She rates her pain a 7/10. She also reported sensitivity to light and sound and ringing in her right ear. Objective findings include tenderness over the base of the left thumb and radial aspect of the wrist. She was unable to do the Finkelstein's test due to pain. The treating physician requested a Botox injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Section: Botox.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Section Page(s): 25, 26.

Decision rationale: The MTUS Guidelines do not recommend the use of Botox for chronic pain disorders, but do recommend 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. The request for Botox injection is determined to not be medically necessary. In this case, the injured worker has chronic neck pain with headaches which is not supported by the guidelines. Additionally, the prospective area of injection is not specified. The request for Botox injection is determined to not be medically necessary.