

Case Number:	CM15-0134340		
Date Assigned:	07/22/2015	Date of Injury:	02/10/2014
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/11/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 57 year old female, who sustained an industrial injury on February 10, 2014. The injured worker was diagnosed as having cervical spondylosis and cervical strain. Treatment to date has included x-rays, electromyogram, nerve conduction study, Botox injections and medication. A progress note dated April 3, 2015 provides the injured worker complains of neck and trapezius pain radiating to the shoulder and down upper extremity. She also has left foot and ankle pain. She reports prior Botox injections (about 20) have not helped. Physical exam notes cervical, trapezius and paraspinal tenderness on palpation. There is cervical and shoulder decreased range of motion (ROM). Numerous x-ray and magnetic resonance imaging (MRI) studies were reviewed. There is a request for Botox treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection, 300 units for Cervical Dystonia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states regarding Botox injections, "Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." Additionally MTUS states Botox injections are "Recommended: cervical dystonia, a condition that is not generally related to worker's compensation injuries (also known as spasmodic torticollis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions." and "Recommended: chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program." The medical records provided did not establish any conditions that MTUS recommends as appropriate for Botox Injections. The indication per requesting provider is for cervical dystonia, but this diagnosis is not substantiated in her record. The patient has received multiple injections with no evidence of improvement. As such, the request for Botox injection, 300 units for Cervical Dystonia is not medically necessary.