

Case Number:	CM15-0137845		
Date Assigned:	07/27/2015	Date of Injury:	05/12/2014
Decision Date:	09/29/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/16/2015

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: 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 35 year old female, who sustained an industrial injury on May 12, 2014. Treatment to date has included diagnostic imaging, bilateral carpal tunnel release, physical therapy, cervical interlaminar epidural steroid injection, trigger point injections, work restrictions, and home exercise program. Currently, the injured worker complains of continued pain and she notes that her pain is largely unchanged. She has continued neck pain and headaches and has upper extremity pain with associated numbness, tingling and color changes. On physical examination the injured worker has involuntary flexion of the left hand fingers and mild darkish discoloration of the left hand. She has decreased motor strength and grip in the left hand and has allodynia and hyperesthesia of the left hand. She has tenderness to palpation with trigger points over the neck. The diagnoses associated with the request include thoracic outlet syndrome and pain in limb. A request was received for scalene Botulinum toxin injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botulinum toxin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) Chapter under Botulinum toxin.

Decision rationale: Based on the 6/10/15 progress report provided by the treating physician, this patient presents with improved cervical pain with shortness of breath and swelling of the bilateral legs. The treater has asked for Botulinum Toxin in 7/8/15 report, which refers to injection as "Botox anterior scalene injection." The request for authorization was not included in provided reports. The patient is s/p a cervical epidural steroid injection from 4/1/15 which has given her improvement in pain, and also chiropractic treatments have helped per 6/10/15 report. The cervical pain is less constant and has some days with neck pain and others where the neck feels much better per 6/10/15 report. The patient is s/p right carpal tunnel release and a left carpal tunnel release per 9/6/14 report. The patient is taking Vicodin, Ibuprofen currently per 9/6/14 report. The patient's work status is not included in the provided documentation. ACOEM guidelines page 175 has the following regarding Botox Injections: "Injecting botulinum toxin (type A and B) has been shown to be effective in reducing pain and improving range of motion (ROM) in cervical dystonia (a disorder that is non traumatic and non work related). Mild side effects were fairly common and dose dependent, including dry mouth and dysphagia. While existing evidence shows injecting botulinum toxin to be safe, caution is needed due to the scarcity of high quality studies. There are no high quality studies that support its use in whiplash associated disorder. MTUS Guidelines page 25 and 26: Not generally recommended for chronic pain disorder but recommended for cervical dystonia not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections. ODG Carpal Tunnel Syndrome (Acute & Chronic) under Botulinum toxin. Not recommended. Botulinum toxin B is not dramatically superior to placebo for the relief of CTS symptoms. In a double blind study there was no statistically significant difference between the two study groups regarding changes from baseline in any study outcome. (Breuer, 2006)" Treater does not discuss the request, but states that the injection was recommended instead of a surgery by [REDACTED]. In this case, the patient is diagnosed with thoracic outlet syndrome. MTUS does not support Botox injections for this patient's condition. Furthermore, there is no documentation of cervical dystonia, for which Botox injections would be indicated. Therefore, the request is not medically necessary.