

<b>Case Number:</b>	CM15-0138282		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	11/22/2007
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36-year-old female with a November 22, 2007 date of injury. A progress note dated May 22, 2015 documents subjective complaints (numbness and dull, aching pain beginning to return), objective findings (tenderness of the right shoulder), and current diagnoses (pain in joint, shoulder; pain, psychogenic, not elsewhere classified). Treatments to date have included Botox injections to the right upper trapezius musculature with a reduction in pain intensity in the right shoulder region, medications, home exercise, and magnetic resonance imaging of the right shoulder (July 13, 2009; showed subacromial/subdeltoid fluid collection consistent with bursitis, and a moderate distal supraspinatus tendinosis without evidence of a discrete tear). The treating physician documented a plan of care that included Botox injections for the right trapezius, cervical paraspinous, and sternocleidomastoid musculature.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injections R trap, cervical paraspinous, and sternocleidomastoid musculature:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin, p 61-62 Page(s): 61-62.

**Decision rationale:** The claimant sustained a work injury in November 2007 and continues to be treated for right sided shoulder pain. She underwent Botox injections in February 2015 with a reported greater than 50% decreasing pain lasting for almost 4 months. When seen, her pain had started to return but was still tolerable. Physical examination findings included increased right upper trapezius and cervical paraspinal muscle tone. There was decreased right upper extremity strength. There was decreased right shoulder range of motion. There were cervical and trapezius muscle trigger points. Authorization for repeat Botox injections was requested. Botox is not recommended for the treatment of chronic neck pain or myofascial pain. Indications for the use of Botox include the treatment of cervical dystonia to decrease the severity of abnormal head position. Cervical dystonia is a focal dystonia and is characterized by involuntarily neck muscle contraction, which causes abnormal head positioning. The presence of cervical dystonia is not documented in this case. Repeated use of Botox in this clinical situation would potentially produce muscle weakness due to its effect at the neuromuscular junction and would not be recommended. The request is not appropriate or medically necessary.