

Case Number:	CM15-0140394		
Date Assigned:	07/30/2015	Date of Injury:	01/08/2014
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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, 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:

The injured worker is a 54 year old female, who sustained an industrial injury on January 08, 2014. The injured worker was diagnosed as having cervical myoligamentous injury to the right upper extremity with radicular symptoms, right shoulder internal derangement, left shoulder sprain and strain, lumbar myoligamentous injury with right lower extremity radicular symptoms, left wrist internal derangement, medication induced gastritis, occipital nerve blocks, and migraine headache for greater than 15 a month. Treatment and diagnostic studies to date has included laboratory studies, multiple lumbar epidural steroid injections at bilateral lumbar five to sacral one, electromyogram with nerve conduction study, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the thoracic spine, magnetic resonance imaging of the bilateral wrists, and medication regimen. In a progress note dated June 02, 2015 the treating physician reports complaints of persistent pain to the neck that radiates to the right upper extremity, cervicogenic headaches, pain to the bilateral shoulders. Examination reveals tenderness to the posterior cervical muscles with increased rigidity, multiple trigger points and tenderness to the cervical paraspinal muscles, decreased range of motion to the cervical spine, positive Spurling's test, tenderness to the left wrist, decreased sensation along the cervical five to six distribution of the right upper extremity, tenderness to the right shoulder, and decreased range of motion to the right shoulder. The treating physician requested 400 units of Botox to the cervical spine noting frequent migraine headaches with duration of greater than four to six hours and associated symptoms of nausea, photophobia, visual disturbances, and an aura pre headache. The treating physician also noted

that the headache symptoms had noted improvement with prior occipital blocks on a temporary basis therefore Botox would be an excellent choice of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 400 units cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25 - 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines botulinum toxin Page(s): 25-26 of 127.

Decision rationale: Regarding the request for Botox, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." Within the documentation available for review, there is no documentation of cervical dystonia. It appears that the treatment is being utilized for headaches, which is not a supported indication per the CA MTUS. As such, the currently requested Botox is not medically necessary.