

Case Number:	CM15-0140895		
Date Assigned:	07/30/2015	Date of Injury:	04/07/2011
Decision Date:	08/31/2015	UR Denial Date:	07/02/2015
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: Emergency 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 56 year old male who sustained an industrial injury on 4-7-11. In a progress note dated 6-17-15, a treating physician notes the chief complaint as recheck headaches as pain is unbearable today. The injured worker reports the headache is ever present. Neck pain and spasm are present. He notes when the headache is less severe, he is more aware of parasthesias in his left hand, particularly in the thumb and to lesser extent digits 2 through 5. Pain is rated at 5 out of 10 with medication and 8 out of 10 without medication. A functional assessment indicates he is able to walk for twice as long with use of medications than without, sit for nearly 2-3 times as long with medications as without and stand 3 times as long with medications as without. Without medications he indicates housework and meal preparation are impossible for him. Medications are Butrans, Cyclobenzaprine, Esomeprazole, Hydrocodone, Sertraline, and Vicoprofen. He has evidence of significant cervical spasm. There is considerable palpable paraspinal spasm of the neck and he is tender to deep palpation of the superior trapezius-capitus group. Spurling maneuver is positive on the left. Grip strength is significantly decreased. There is moderate loss of sensation at the right and left 4th and 5th fingers. The assessment is other acquired torsion dystonia, post-concussion syndrome, neuralgia neuritis and radiculitis unspecified, depressive disorder not elsewhere classified, and spinal stenosis in cervical region. He continues to suffer from chronic neck pain and stiffness with severe headaches that are constant. He has previously failed multiple conservative therapies including muscle relaxants, anti-inflammatories, physical therapy, chiropractics, and cervical epidural steroid injections. His work status is noted as permanent and stationary. The requested treatment is a pharmacy purchase; Botox injection 100 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase, Botox Injection, 100 units: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Botox.

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

Decision rationale: The requested Pharmacy purchase, Botox Injection, 100 units, is medically necessary. CA MTUS 2009 - Chronic Pain Treatment Guidelines 7/18/2009, Pages 25-26, Botulinum toxin (Botox; Myobloc) noted: Not generally recommended for chronic pain disorders, except for cervical dystonia. The injured worker has headache is ever present. Neck pain and spasm are present. He notes when the headache is less severe, he is more aware of paresthesias in his left hand, particularly in the thumb and to lesser extent digits 2 through 5. Pain is rated at 5 out of 10 with medication and 8 out of 10 without medication. A functional assessment indicates he is able to walk for twice as long with use of medications than without, sit for nearly 2-3 times as long with medications as without and stand 3 times as long with medications as without. Without medications he indicates housework and meal preparation are impossible for him. Medications are Butrans, Cyclobenzaprine, Esomeprazole, Hydrocodone, Sertraline, and Vicoprofen. He has evidence of significant cervical spasm. There is considerable palpable paraspinal spasm of the neck and he is tender to deep palpation of the superior trapezius-capitus group. Spurling maneuver is positive on the left. Grip strength is significantly decreased. There is moderate loss of sensation at the right and left 4th and 5th fingers. The treating physician has documented evidence of cervical dystonia and failed multiple conservative treatments. The criteria noted above having been met, Pharmacy purchase, Botox Injection, 100 units is medically necessary.