

Case Number:	CM15-0141100		
Date Assigned:	07/30/2015	Date of Injury:	02/27/2007
Decision Date:	09/04/2015	UR Denial Date:	07/06/2015
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: 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:

The injured worker is a 37-year-old female, who sustained an industrial injury on 2-27-2007. Diagnoses have included trapezius-rhomboid strain, cervical spine condition, radicular symptoms radiating to the right upper extremity, chronic migraine headaches related to cervical and trapezius condition, depression and anxiety. Treatment to date has included cognitive behavioral therapy, injections and medication. According to the progress report dated 6-1-2015, the injured worker complained of migraine headaches and loss of sleep due to pain. She complained of pain in her right shoulder and pain radiating from her neck to her wrists. Trigger points limited her neck rotation. She was able to perform light exercises using a small and large ball. Activities of daily living were limited due to chronic pain in her wrists and hands. She rated her pain as eight to nine out of ten. Exam of the cervical spine revealed myofascial tension and muscle spasm. There was tenderness to palpation from the neck to the posterior occipital region. There was tenderness in the mid-thoracic spine. The right shoulder range of motion was limited by pain. It was noted that when the injured worker was instructed in deep tissue massage of the right sub scapularis via the axilla, she felt immediate relief in that region. Authorization was requested for deep tissue massage for the cervical spine and right shoulder, and Botox injections every 12 weeks for 48 weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Tissue Massage 2 x 3 to the Cervical Spine and Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, p60 Page(s): 60.

Decision rationale: The claimant has a remote history of a work-related injury in February 2007 and is being treated for right shoulder and radiating neck pain and migraine headaches. Medications have included Topamax and Lyrica. When seen, there was cervical, trapezius, and levator scapula tenderness with trigger points. There was Decreased cervical range of motion. There was forearm and wrist tenderness with decreased range of motion. There was positive Tinel's testing. Authorization is being requested for 6 sessions of massage therapy and Botox injections for the cervical spine. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. In this case, there is no adjunctive exercise treatment being planned with surgery being considered. This request was not medically necessary.

Botox Injections, 1 set of injections every 12 weeks for 48 weeks - Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox; Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Botulinum Toxin (Botox).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin, p61-62 Page(s): 61-62.

Decision rationale: The claimant has a remote history of a work-related injury in February 2007 and is being treated for right shoulder and radiating neck pain and migraine headaches. Medications have included Topamax and Lyrica. When seen, there was cervical, trapezius, and levator scapula tenderness with trigger points. There was Decreased cervical range of motion. There was forearm and wrist tenderness with decreased range of motion. There was positive Tinel's testing. Authorization is being requested for 6 sessions of massage therapy and Botox injections for the cervical spine. 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. Use of Botox in this clinical situation would potentially produce muscle weakness due to its effect at the neuromuscular junction and would not be medically necessary.