

Case Number:	CM15-0162950		
Date Assigned:	08/31/2015	Date of Injury:	03/27/2001
Decision Date:	09/30/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/19/2015

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: Preventive Medicine, Occupational 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 50 year old female, who sustained an industrial injury on March 27, 2001. Treatment to date has included cervical fusion, physical therapy, TENS unit, Botox injections and opioid medications. Currently, the injured worker complains of neck spasms and pain. On physical examination, the injured worker has tightness to the trapezium musculature and paraspinal muscles of the neck. She has decreased range of motion with rotation of the neck, and with flexion and extension. The documentation reveals the injured worker has had approximately 100% relief for three months with previous Botox injections and with use of her TENS unit. The diagnoses associated with the request include neck pain, cervical degenerative disc disease, history of cervical fusion and headaches. The treatment plan includes physical therapy twice per week for six weeks for cervicothoracic rehabilitation, repeat Botox injections, Norco and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation evaluation for botox injections: Overturned

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 Section Page(s): 25, 26.

Decision rationale: The MTUS Guidelines do not recommend the use of Botox for chronic pain disorders, but do recommend for cervical dystonia. Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. In this case, the injured worker is diagnosed with cervical dystonia. She has had previous Botox injections that provided near 100% relief for 3 months. Therefore, the request for botox injections is determined to be medically necessary.

Physical therapy, 2 times a week for 6 weeks, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, it is unclear from the available documentation if the injured worker has participated in physical therapy. Physical therapy is warranted in this case, however, the request for 12 visits exceeds the recommendations of the established guidelines. The request for physical therapy, 2 times a week for 6 weeks, cervical spine is determined to not be medically necessary.