

Case Number:	CM15-0183832		
Date Assigned:	10/01/2015	Date of Injury:	01/12/2006
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/18/2015

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 54 year old female, who sustained an industrial injury on 1-12-06. The injured worker is being treated for spastic torticollis, chronic migraine without aura, dysesthesia, analgesic overuse headache and mechanical complication of nervous system device. Treatment to date has included nerve blocks, acupuncture, spinal cord stimulator, Tizanidine, Venlafaxine, Amitriptyline, Lyrica, Vicodin, Percocet, Wellbutrin, Tegratol, Neurontin, Topamax, Fentanyl patch, Gralise, Hydrocodone 7.5-325mg, Magnesium, Hysingla, Norco, Methadone and activity modifications. On 9-10-15, the injured worker complains of sharp, shooting and electrical pain of right foot which has progressed to left ankle and left hand. Physical exam performed on 9-10-15 revealed pain on touch of feet, foot slapping bilaterally of gait and decreased reflexes throughout. The treatment plan included switching from Norco to Hysingla and awaiting Botox approval. On 9-17-15 a request for 4 Botox injections was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections 4 (one injection every 3 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

Decision rationale: The claimant sustained a work injury in January 2006 when she fell and fractured her right ankle. She continues to be treated for chronic pain including a diagnosis of CRPS. Current treatments include medications and use of a spinal cord stimulator. When seen, her prior treatments were reviewed. Review of systems was positive for neck pain with muscle spasms and dysesthesias. Physical examination findings included a weight over 210 pounds. There was pain with touching of the feet. There was a bilateral foot slap gait. Authorization was requested for Botox for spasmodic torticollis. 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 recommended. Therefore, the requested treatment is not medically necessary.