

<b>Case Number:</b>	CM15-0193383		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	06/30/2008
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 61 year old, male who sustained a work related injury on 6-30-2008. A review of the medical records shows he is being treated for neck and low back pain. Treatments have included previous facet and occipital block, "good relief", Botox injection, "helped for greater than 6 months", and cervical epidural steroid injection, "with relief". Current medications include Fexmid, Tylenol #3, Ultram ER and Ambien. In the progress notes, the injured worker reports "worse" neck pain. In the objective findings dated 9-1-15, he has cervical paraspinal spasm, right greater than left. He has limited cervical range of motion. No notation of working status. The treatment plan includes a request for authorization for repeat Botox or radiofrequency ablation denervation in cervical spine. The Request for Authorization dated 9-1-15 has a request for repeat Botox or radiofrequency denervation. In the Utilization Review dated 9-21-15, the requested treatment of repeat Botox or radiofrequency ablation denervation in the cervical spine is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Botox or RF Denervation for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter and pg 10neck chapter and pg 26.

**Decision rationale:** According to the guidelines, Botox may be used for cervical dystonia and spasticity due to brain injury. It is approved for use in migraines but according to the guidelines, the studies do not provide good evidence. In this case, the claimant has had Botox injections in the past that had provided a year of relief. The claimant has also undergone numerous other interventions including facet blocks. The prior medial branch blocks only provided short term relief. The fact ablations are indicated for those with adequate response to medical branch blocks. As a result, the request for the blocks or Botox injections is not medically necessary.