

Case Number:	CM15-0195867		
Date Assigned:	10/09/2015	Date of Injury:	01/17/2005
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on January 17, 2005, incurring left extremity injuries. She was diagnosed with a gunshot wound and left brachial plexus injury. Treatment included muscle relaxants, Botox injections where she reported significant improvement of symptoms to the left arm, left elbow and left biceps and activity restrictions. Her last treatment was on February 25, 2015. Currently, the injured worker complained of persistent tightness of the left pectoralis and hyperactive left triceps muscle contraction. She noted weakness and pain with flexion of the left elbow with limited range of motion. The treatment plan that was requested for authorization on October 5, 2015, included Botox type A 100 units given every twelve weeks for one year. On September 11, 2015, a request for 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 type A 100 units given every twelve (12) weeks for one (1) year: Upheld

Claims Administrator guideline: Decision based on MTUS 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 rationale: Injecting botulinum toxin has been shown to be effective in reducing pain and improving range of motion (ROM) in cervical dystonia, a non-traumatic or industrial disorder. While existing evidence shows injecting botulinum toxin to be safe, caution is needed due to the scarcity of high-quality studies. There are no high quality studies that support its use in whiplash-associated disorder, headaches, and would be precluded for diagnosis of cervical radiculopathy or indication for diagnosis of left brachial plexus injury. MTUS advises Botox injections may be an option in the treatment of cervical dystonia, but does not recommend it for mechanical neck disorders, including whiplash, myofascial or migraine headaches. Report from the provider has not documented functional limitations to support for Botox injection, only noting unchanged pain complaints, tightness and diffuse weakness. There are no functional benefits documented from treatment previously rendered. Submitted reports have not demonstrated subjective pain relief, functional improvement in ADLs, decreased in medical utilization or increased in functional status for this chronic 2005 injury. Medical necessity has not been established. The Botox type A 100 units given every twelve (12) weeks for one (1) year are not medically necessary and appropriate.