

<b>Case Number:</b>	CM15-0204511		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Pennsylvania

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 53-year-old male injured worker suffered an industrial injury on 2-9-2012. The diagnoses included cervicalgia, unspecified neuralgia and unspecified myalgia. On 8-17-2015, the treating provider reported the plan was to refer for consideration of Botox injections for the spasmodic torticollis and myofascial pain. The injured worker noted good response to multiple trigger point injections but only short-term response. The current exam was not included in the medical record. The provider noted the plan was to determine if Botox could help provide long-term pain relief. The Utilization Review on 10-7-2015 determined non-certification for Botox injection consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injection consultation:** 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:** According to the MTUS, "recent systematic reviews have stated that current evidence does not support the use of BTX-A trigger point injections for myofascial pain or for mechanical neck disease (as compared to saline)." It is recommended for cervical dystonia also known as spasmodic torticollis, a condition "characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions." These workers diagnoses include brachial neuritis or radiculitis, cervicalgia, unspecified neuralgia, neurities and radiculitis, and unspecified myalgia and myositis. The plan on 8/17/2015 included "consideration of botox injections for his spasmodic torticollis and myofascial pain" but spasmodic torticollis was not otherwise documented as a diagnosis nor were there objective criteria to support this as a diagnosis in the medical record. Based on the MTUS guidelines, Botox is not indicated for any of the diagnoses that have been established. Therefore, the request is not medically necessary.