

Case Number:	CM15-0021469		
Date Assigned:	02/11/2015	Date of Injury:	01/16/2003
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/04/2015

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, Arizona

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 66-year-old male who reported an injury on 01/16/2003 due to an unspecified mechanism of injury. On 12/09/2014, he presented for a follow up evaluation. He reported ongoing neck and low back pain. He also reported an increase in headaches radiating from the neck. It was noted that he had completed 8 session of physical therapy for the low back and right lower extremity, but that this did not help. It was also stated that he had never had acupuncture, but he was willing to give this a try. He was requesting a refill of his medications. He was noted to be taking Tramadol, Naprosyn, and Colace. It was noted that there was no significant change in his objective findings. He was diagnosed with neck pain, low back pain, left foot drop, eye complaints, and non intestinal hemorrhoid surgery. The treatment plan was for Botox 400 units. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

400 units of Botox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox
Page(s): 25.

Decision rationale: The California MTUS Guidelines indicate that Botox injections are not recommended generally for chronic pain disorders, but may be recommended for cervical dystonia. The documentation provided failed to indicate that the patient has any signs and symptoms consistent with cervical dystonia to support the requested intervention. Also, the site at which the Botox injections would be performed was not stated within the request. Furthermore, there is a lack of evidence showing that he has tried and failed all recommended conservative care options. Therefore, the request is not supported. As such, the request is not medically necessary.