

Case Number:	CM15-0022790		
Date Assigned:	02/12/2015	Date of Injury:	02/12/1996
Decision Date:	03/25/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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: Ohio, North Carolina, Virginia
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 42 year old female, who sustained an industrial injury on 02/12/1996. The diagnoses have included cervical dystonia. Noted treatments to date have included physical therapy and medications. Diagnostics to date have included electromyography on 09/11/2014 which showed mild to moderate amount of normal appearing spontaneous activity. In a progress note dated 01/20/2015, the treating physician reported the injured worker's effect of the Botox last visit is now wearing off somewhat with some return of symptoms. In previous notes, the physician noted no significant cervical paraspinal muscle spasm. Utilization Review determination on 01/26/2015 non-certified the request for 1 Botox Injection 300 units citing Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 300units, quantity: 1 injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox; Myobloc).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

Decision rationale: Botulinum toxin is recommended for cervical dystonia, a condition that is not generally related to workers compensation injuries (also known as spasmodic torticollis), and is 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. When treated with BTX-B, high anti-genicity limits long-term efficacy. Botulinumtoxin A injections provide more objective and subjective benefit than trihexyphenidyl or other anti-cholinergic drugs to patients with cervical dystonia. In this instance, the injured worker has been receiving Botulinum toxin injections to the neck region since 1/30/2012 for cervical dystonia with 80% pain and spasm relief. The utilization reviewer denied the request for botulinum toxin stemming from 12-8-2014. It was noted on that appointment date, however, that this was a follow up visit for Botox injections given earlier, likely on 11-20-2014. The utilization reviewer did not appear to understand that. On 12-8-2014 the injured worker was in fact better, having no significant cervical paraspinal spasm. Therefore, in view of the diagnosis of cervical dystonia and spasm following a traumatic brain injury, which the injured worker also has, Botox 300 units, quantity: 1 injection was medically necessary.