

<b>Case Number:</b>	CM15-0215828		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 3-11-14. The injured worker reported pain in the cervical spine with bilateral upper extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for cervical radiculopathy, limb pain, lateral epicondylitis, brachial neuritis or radiculitis, pain in limb and cervicgia. Medical records dated 8-5-15 indicate pain rated at 7-10 out of 10. Provider documentation dated 9-18-15 noted the work status as able to work with work restrictions. Treatment has included acupuncture treatment, magnetic resonance imaging, H-wave trial, physical therapy, transcutaneous electrical nerve stimulation unit, injection therapy, and chiropractic treatments. Objective findings dated 6-3-15 were notable for C3-C4 and C6-C7 right sided tenderness with limited active range of motion, medial and lateral epicondyle tenderness. The original utilization review (10-13-15) denied a request for Botox injection for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injection for the cervical spine:** 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:** With regard to Botox injection, the MTUS CPMTG p25 states: "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." Review of the submitted documentation does not indicate that the injured worker suffers from cervical dystonia. The request is not medically necessary.