

Case Number:	CM15-0030721		
Date Assigned:	03/09/2015	Date of Injury:	06/12/2011
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 38-year-old female who reported injury on 06/12/2011. The mechanism of injury was not provided. The injured worker underwent a stellate ganglion block, trigger point injections and diagnostic scalene injection. There was a Request for Authorization dated 01/21/2015. The diagnosis was brachial plexus lesion. The documentation of 01/08/2015 revealed the injured worker had guarded movements and limited mobility. The injured worker had cervical brachial, left upper trapezius, left paraspinal, right scalene and left middle trapezius muscle spasms. The injured worker's posture was noted to be altered due to shoulder depression and internal rotation of the shoulders. The injured worker had a positive Adson's maneuver on the right. The injured worker was noted to receive trigger point injections. Additionally, the request was made for a follow-up on/appeal for the right scalene Botox injection. The documentation of 12/02/2014 revealed the injured worker had cervical pain and upper extremity pain. The injured worker was in the office following the scalene block and stellate ganglion block. The injured worker had limited mobility and had muscle spasms in the cervical brachial and left upper trapezius. The injured worker had a positive Adson's maneuver on the right. The treatment plan included a right scalene Botox injection and an ultrasound guided trigger point injection. The documentation regarding the scalene Botox injection indicated the injured worker had signs and symptoms consistent with neurovascular compression syndrome or arising from the level of the plexus/thoracic outlet. The objective testing, including an MRI of the plexus and diagnostic scalene block were abnormal and consistent with the process. The recommendation was for a scalene Botox injection under ultrasound guidance and EMG guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right scalene botox injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (botox, Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter, anterior scalene block.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not recommend Botox for the treatment of chronic pain. It is recommended for cervical dystonia. The clinical documentation submitted for review failed to provide documentation of exceptional factors and failed to provide that the injured worker had cervical dystonia. Additionally, there was a lack of documentation indicating the specific quantity of Botox being requested. Given the above, the request for right scalene Botox injection is not medically necessary.