

Case Number:	CM15-0030842		
Date Assigned:	02/24/2015	Date of Injury:	10/04/2008
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/19/2015

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: Colorado
 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 50 year old male who sustained an industrial injury on 10/04/08. He reports mid back, and neck pain with left upper extremity radiation. Diagnoses include chronic pain, cervical radiculitis, and lumbosacral radiculitis. Treatments to date include medications and epidural steroid injections cervical and thoracic. In a progress note dated 12/19/14 the treating provider recommends a multidisciplinary evaluation, Botox for the cervical muscles, and psychiatric consultation. On 01/21/15 Utilization Review non-certified the multidisciplinary evaluation and Botox, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines for multidisciplinary functional restoration program. Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 31-32, and 49.

Decision rationale: Per the MTUS, Functional restoration programs (FRP), also known as multidisciplinary pain management programs, are Recommended, though studies are ongoing to best determine who would most benefit from such programs. FRPs are part of general chronic pain programs and focus on improving function more so than eliminating pain. "FRPs incorporate components of exercise progression with disability management and psychosocial intervention." There is evidence that the benefits of FRP's decrease over time, but still provide long term advantages to the participants. A Cochrane review results support the use of FRP in patients with low back pain to reduce pain and improve function. There is less evidence to support use of FRP to improve vocational outcomes, and little evidence for the use of such programs for neck and shoulder pain. Treatment in FRP longer than 2 weeks is not recommended unless subjective and objective improvement can be documented. The following patient scenarios have been found to be "negative predictors" of successful treatment in / completion of the programs:" (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain." Per the Guidelines, in order to consider a patient for a multidisciplinary pain management program the following criteria must be met: "(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." For the patient of concern, the treating physician did document at the 12/9/2014 visit that patient is motivated to participate in the program to help with overall coping techniques, and has exhausted other treatments without relief. Patient is not currently a surgical candidate, per the records. The request does not indicate the length of the program to evaluate and manage patient's symptoms, nor does it clarify the components of the program to be utilized. The patient has significant depression / psychosocial distress which is a negative predictor for success with these programs, and that high level of depression has not yet been adequately addressed. The multidisciplinary program should not be considered as an option for the patient until he has improved his depression symptoms. Without specified program length and components and with continued significant depression, multidisciplinary pain management program is not currently medically indicated.

100 units of Botox: Upheld

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 Pain Interventions and Treatments Page(s): 26.

Decision rationale: Per the MTUS Guidelines, while Botox injections can be recommended for cervical dystonia and possibly for low back pain, Botox is Not recommended for: "tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." Quality consistent evidence does not exist to support the use of Botox in chronic neck pain or myofascial pain. For the patient of concern, Botox injections are being requested for use in the cervical muscles for spasm for which there is no indication per the MTUS Guidelines. Patient has no diagnosis of cervical dystonia, and has normal cervical range of motion documented on exam. As the MTUS does not recommend Botox for prevention/treatment of chronic neck pain or myofascial pain, i.e. the diagnoses of the patient, the Botox injections are not medically indicated.