

Case Number:	CM15-0035192		
Date Assigned:	03/03/2015	Date of Injury:	06/12/2011
Decision Date:	04/09/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 with an industrial injury dated 06/12/2011. She presents on 12/02/2014 with complaints of cervical and upper extremity pain. Physical exam revealed impaired sensation to touch in right upper extremity. Muscle spasms were present in the left upper trapezius, left paraspinal and left middle trapezius. Prior treatments included trigger point injections, stellate ganglion sympathetic block and physical therapy. Diagnoses were other chronic pain, brachial plexus lesions and neurovascular compression syndrome. On 02/18/2015 utilization review non-certified the request to Botox injection to the right scalene, left upper trapezius TPI. MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection to the right scalene, left upper trapezius tuned port injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Botox.

Decision rationale: Pursuant to the Official Disability Guidelines, Botox injection right scalene, right upper trapezius trigger point injection is not medically necessary. Botox is not recommended for most chronic pain conditions. Botox is not recommended for tension type headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. Botox is recommended for cervical dystonia; spinal cord injury; spasticity following TBI; and migraine. In this case, the injured worker's working diagnoses are completely illegible. The documentation in the medical record in the progress note dated February 9, 2015 is largely illegible. Objectively, there is moderate tenderness right way and then left scalene; Hypersensitivity RUE ; and left trapezius (T. P.) muscle guarding. A supplemental report with the same date of service February 9, 2015 showed the injured worker on November 6, 2014 received a right scalene muscle block 80 - 90% benefit and a decrease in the right upper extremity symptoms. On November 13, 2014, the injured worker received a stellate ganglion block with mild to moderate benefit. The treating physician then states the right scalene Botox injection/left trapezius trigger point injection is indicated. The worker reports symptoms are returning to the right upper extremity. There is no clinical rationale or clinical indications for a Botox injection to the left trapezius muscle based on the documentation in the medical record. Additionally, Botox is recommended for cervical dystonia, spinal cord injury, spasticity following TBI and migraine. There is no documentation of those maladies the medical record. Consequently, absent legible clinical documentation with the clinical indication and rationale for Botox injection to the right scalene and a trigger point injection to the upper trapezius without guideline recommendation in support, Botox injection right scalene, right upper trapezius trigger point injection is not medically necessary.