

Case Number:	CM15-0042083		
Date Assigned:	03/12/2015	Date of Injury:	05/17/2002
Decision Date:	04/22/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67-year-old male, who sustained an industrial injury on May 17, 2002. The injured worker was diagnosed as having status post anterior cervical discectomy and fusion at C5-C6 and C6-C7, cervical spinal stenosis per MRI dated November 24, 2012 with significant disc bulges at C4-C5 and C5-C6, and cervical radiculopathy right upper extremity with associated atrophy. Treatment to date has included anterior cervical discectomy C5-C6 and C6-C7, Botox therapy, cervical facet blocks, epidural steroid injection (ESI), physical therapy, deep tissue massage, and medication. Currently, the injured worker complains of right upper extremity symptoms with tremors, pain in the scapular area, and pain radiating down the right upper extremity. The Treating Physician's report dated January 29, 2015, noted that following a combination of Botox therapy and steroid injections, the pain around the right scapular and neck areas well as the tremors to the right upper extremity had substantially abated, lasting almost eight months. The injured worker reported his symptoms increasing, primarily to the right upper extremity. The injured worker was noted to have multilevel cervical spondylosis, with moderate to severe right neuroforaminal narrowing at both C3-C4 and C4-C5 levels, with tremoring to the arm. No winging of the scapula or fasciculations were noted. The Physician noted that given the injured worker's previous success with Botox therapy combined with steroid injections, a request for authorization on an urgent basis was made, due to the injured worker's traveling commitments, to perform the Botox chemodenervation in the office.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection 200 units to the Cervical Spine, quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

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

Decision rationale: Based on the 01/27/15 progress report, the patient presents with neck pain that radiates down the right hand and into the thumb causing increased difficulty grasping. The request is for Botox Injections 200 Units To The Cervical Spine QTY: 2 (100 units each). The RFA provided is dated 01/29/15 and the date of injury is 05/17/02. Patient's diagnoses included status post anterior cervical discectomy and fusion at C5-C6 and C6-C7, cervical spinal stenosis per MRI dated November 24, 2012 with significant disc bulges at C4-C5 and C5-C6, and cervical radiculopathy right upper extremity with associated atrophy. The 01/29/15 progress report reflects the patient had prior Botox injections and that following a combination of Botox therapy and steroid injections, the pain around the right scapular and neck areas as well as the tremors to the right upper extremity had substantially abated, lasting almost eight months. Regarding Botox, MTUS Guidelines page 25 and 26 state, "not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections." Per 01/29/15 requesting report, the provider states, "Given the success of prior treatments with Botox therapy combined with steroid injections, I request on an urgent basis two units of 100 units of Botox." MTUS does not support Botox injections for chronic pain disorders unless there is dystonia. There is no support for the use of Botox for any pain conditions of the neck. The request IS NOT medically necessary.