

Case Number:	CM15-0042370		
Date Assigned:	03/12/2015	Date of Injury:	04/16/1999
Decision Date:	04/23/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/06/2015

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 60-year-old female, who sustained an industrial injury on 4/16/1999. She reported a neck injury. The mechanism of injury was not provided for review. The injured worker was diagnosed as having lumbar sprain/strain and sprain/strain of other back parts, major depressive disorder chronic pain syndrome and agoraphobia. Treatment to date has included spinal cord stimulator, therapy and medication management. Currently, a progress note from the treating provider dated 1/19/2015 indicates the injured worker reported low back pain with a dead battery on the spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Scalene Botox Injection with Hyaluronidase under ultrasound with IV sedation as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www/acoempracguides.org/Low Back>; table 2 Summary of recommendations, Low Back Disorders.

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

Decision rationale: The 2/13/15 Utilization Review letter states the 1 left scalene Botox injection with hyaluronidase under ultrasound with IV sedation as outpatient requested on the 1/19/15 medical report was denied because there was no physical examination provided to support the injection. The 1/19/15 medical report was not provided for this review. According to the 1/27/15 psychiatric report, the patient presents with major depressive disorder; pain disorder; and agoraphobia. The report states that a pain physician was requesting authorization to do botox injections to the left interscalene and left pectoralis minor muscles. There were no pain management reports provided for this review. None of the available reports provide a rationale for botox and hyaluronidase injections. None of the provided reports show a physical/musculoskeletal diagnosis. MTUS Chronic Pain Medical Treatment Guidelines, pages 25-26 for Botulinum toxin (Botox; Myobloc) states "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia." MTUS guidelines do not recommend Botox injections for chronic pain disorders. There are no medical reports provided that show cervical dystonia or any condition that might require Botox. Based on the limited information provided, the request for "1 left scalene Botox injection with hyaluronidase under ultrasound with IV sedation as outpatient" is not medically necessary.