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| Case Number: | CM15-0044457 | | |
| Date Assigned: | 03/16/2015 | Date of Injury: | 04/01/2009 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 03/02/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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, Arizona

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 45-year-old male who reported an injury on 04/01/2009. The mechanism of injury was not specifically stated. The current diagnoses include non-displaced rib fractures, mild post concussion syndrome, cervical strain, chronic pain, myofascial tension, migraine headaches, sleep dysfunction, gastrointestinal symptoms, reconditioning due to prolonged pain, depression, PTSD, erectile dysfunction, neural pain radiating from the cervical and thoracic spine, and lumbosacral degenerative changes. The injured worker presented on 11/11/2014 for a follow-up evaluation with complaints of persistent pain. Upon examination, there was evidence of scalp tenderness to palpation on the right side in the region of the occipital nerve. Examination of the cervical spine revealed pain with posterior lateral bending, facet joint pain, and limited range of motion. Examination of the shoulder revealed limited range of motion on the left. Examination of the thoracic spine revealed tenderness to palpation with myofascial trigger points causing radiating pain to the scapula. There was minimal tenderness to palpation noted in the left upper quadrant and midepigastic region. There was positive straight leg raise bilaterally with 5/5 motor strength in the upper extremities. Recommendations at that time included continuation of the current medication regimen and a follow-up visit in 1 month. A Request for Authorization form was then submitted on 11/11/2014 for prophylactic Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox champ Denervation 1 set of injections every 12 wks for a year: 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 Page(s): 25-26.

Decision rationale: California MTUS Guidelines state Botox is not recommended for chronic pain disorders, but is recommended for cervical dystonia. In this case, the injured worker does not maintain a diagnosis of cervical dystonia. It is noted that the injured worker has been previously treated with Botox injections. However, the request as submitted for a Botox injection every 12 weeks for 1 year is not appropriate. The injured worker's response to the initial set of injections would require documentation prior to the authorization of additional injections. Given the above, the request is not medically appropriate.