

Case Number:	CM15-0051648		
Date Assigned:	03/25/2015	Date of Injury:	02/06/2013
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/18/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 56 year old male, who sustained an industrial injury on 02/06/2013. He reported having neck spasming that progressively worsened. The injured worker was diagnosed as having cervical sprain, left shoulder sprain, cervico-occipital headaches and right upper extremity radiculopathy. Currently, the injured worker's chief complaint was left neck pain. He also reported ongoing tingling and numbness in right thumb, middle and ring fingers intermittently during day. Cervical MRI demonstrated right sided neural foraminal stenosis at every level, worse at C4-5 through C6-7 on the right consistent with symptoms and objective findings. Electrodiagnostic testing corroborated radiculopathy with neuropathic dysfunction at C6 demonstrated. He failed to respond significantly to either exercise or physical therapy. He had no resolution of radicular symptoms with either ongoing use of nonsteroidal anti-inflammatory drugs or muscle relaxants. He currently does a home exercise program for the shoulder and neck. He had a trigger point injection one week prior with no increased range of motion or decreased paresthesias. Current medications included Orphenadrine, Naproxen Sodium, Omeprazole, Cymbalta and Mirtazapine. The provider noted that Botox was denied. On 03/05/2014, the provider requested cervico-occipital Botox injection for cervical sprain with spasms which was a torticollis equivalent, low-grade.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro cervico-occipital diagnostic block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs); Trigger Point Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Occipital Nerve Block, Facet Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Greater occipital nerve block (GONB). <http://www.odg-twc.com/index.html>.

Decision rationale: Based on ODG guidelines, Greater occipital nerve block (GONB) "Under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration. (Ashkenazi, 2005) (Inan, 2001) (Vincent, 1998) (Afridi, 2006) The mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. A recent study has shown that GONB is not effective for treatment of chronic tension headache. (Leinisch, 2005) The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. (Bovim, 1992) See also the Neck Chapter: Cervicogenic headache, facet joint neurotomy; Greater occipital nerve block, diagnostic; & Greater occipital nerve block, therapeutic." Based on the above, there is no strong evidence supporting the efficacy and safety of the use of occipital block, therefore the request is not medically necessary.

Botox injections: 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 Botulinum toxin Page(s): 25-26.

Decision rationale: According to MTUS guidelines, Botulinum toxin is not "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. See more details below. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." "Several recent studies have found no statistical support for the use of Botulinum toxin A (BTXA) for any of the following: The evidence is mixed for migraine headaches. This RCT found that both botulinum toxin typeA (BoNTA) and divalproex sodium (DVPX) significantly reduced disability associated with migraine, and BoNTA had a favorable tolerability profile compared with DVPX. (Blumenfeld, 2008) In this RCT of episodic migraine patients, low-dose injections of BoNTA into the frontal, temporal, and/or glabellar muscle regions were not more effective than placebo. (Saper, 2007) Botulinum neurotoxin is probably ineffective in episodic migraine and chronic tension-type headache (Level B). (Naumann, 2008) Myofascial analgesic pain relief as compared to saline. (Qerama, 2006) Use as a specific treatment for myofascial

cervical pain as compared to saline. (Ojala, 2006) (Ferrante, 2005) (Wheeler, 1998) Injection in myofascial trigger points as compared to dry needling or local anesthetic injections. (Kamanli, 2005) (Graboski, 2005)" In summary and according to MTUS guidelines, Botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. It is not recommended for migraine headache, tension headache, chronic neck pain, trigger point injection, and myofascial pain. The request has been previously denied and resubmitted under the theory that the patient's current symptoms represent a form of cervical dystonia; however, there is no documentation to support dystonia. Therefore, Botox injections are not medically necessary.