

Case Number:	CM15-0083429		
Date Assigned:	05/05/2015	Date of Injury:	04/18/1999
Decision Date:	06/10/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/30/2015

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: 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 64 year old male who sustained an industrial injury on 04/18/1999. Current diagnoses include cervical musculoligamentous, lumbar musculoligamentous, cervical herniated nucleus propulsus with radiculopathy, and lumbar herniated nucleus propulsus with radiculopathy. Previous treatments included medication management, cervical spine surgeries, right shoulder surgery, lumbar surgery, psychiatric evaluation, physical therapy, and stretching. Previous diagnostic studies include shoulder MRI's (pending at time of report), cervical MRI, and lumbar MRI. Initial complaints included neck, bilateral shoulder and low back pain. Report dated 04/08/2015 noted that the injured worker presented with complaints that included continued cervical postlaminectomy syndrome pain with severe cervicogenic headaches which become migranous at least 15 days out of a month lasting greater than four hours with radicular symptoms. Also noted is shoulder pain complaints. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included administration of trigger point injections and cortisone injections, medications were refilled, recommendation for upper and lower extremity EMG's, request for Botox injections due to chronic migraine headaches for more than 15 days per month, lasting longer than 4 hours, and follow up in one month. Disputed treatments include Botox 400 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Botox 400 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Botulinum toxin (Botox) Pages 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Botulinum toxin (injection). Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Botulinum toxin (Botox). ACOEM 3rd Edition Low back disorders (2011) <http://www.guideline.gov/content.aspx?id=38438> Work Loss Data Institute Low back 2013 <http://www.guideline.gov/content.aspx?id=47586>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses Botox Botulinum toxin. MTUS Chronic Pain Medical Treatment Guidelines indicates that Botox Botulinum toxin is not generally recommended for chronic pain disorders. Botox is not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, trigger point injections. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Official Disability Guidelines (ODG) notes that a number of studies have evaluated the effectiveness of botulinum toxin type A in the treatment of back and neck pain, and the manufacturer is planning on pursuing FDA approval of botulinum toxin for this indication, but there is currently insufficient scientific evidence of the effectiveness of botulinum toxin in the treatment of back pain. There are potentially significant side effects including death. A boxed warning now highlights the possibility of experiencing potentially life-threatening distant spread of toxin effect from the injection site after local injection. ACOEM 3rd Edition does not recommend Botulinum injections for low back disorders. The Work Loss Data Institute guidelines for the low back indicates that Botox Botulinum toxin is not recommended. Official Disability Guidelines (ODG) indicates that Botulinum toxin injection is not recommended for mechanical neck disorders, headache, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. Several recent studies have found no statistical support for the use of Botulinum toxin A (BTX-A) for the treatment of cervical or upper back pain, including myofascial analgesic pain, myofascial cervical pain, and myofascial trigger points. Recent systematic reviews have stated that current evidence does not support the use of BTX-A trigger point injections for myofascial pain or mechanical neck disease. There are potentially significant side effects including death. A boxed warning now highlights the possibility of experiencing potentially life-threatening distant spread of toxin effect from the injection site after local injection. The pain management progress report dated April 8, 2015 documented cervical post-laminectomy syndrome with bilateral upper extremity radicular symptoms; status post ACDF anterior cervical discectomy and fusion C5 through C7 March 22, 2010 with revision surgery at C5 through C7 on July 13, 2010; status post anterior fusion at C4-5 on November 8, 2011; lumbar post-laminectomy syndrome with bilateral lower extremity radicular symptoms; status post bilateral decompression L2-3, L3-4, L4-5 and L5-S1 on February 28, 2014; chronic myofascial pain in the posterior cervical and suboccipital musculature; and trigger points. No cervical dystonia was noted. Cervical dystonia is a

condition that is not generally related to workers' compensation injuries. Cervical dystonia is also known as spasmodic torticollis. Cervical dystonia is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. The physician was requesting authorization to proceed with Botulinum toxin to be administered to the patient's posterior cervical, suboccipital and posterior lumbar musculature. The patient suffers from chronic migraine headaches, and cervical spine disability. The patient gets debilitating headaches, cervical muscle contractions, and chronic migraine headaches. MTUS Chronic Pain Medical Treatment Guidelines indicates that Botox Botulinum toxin is not generally recommended for chronic pain disorders. Botox is not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, trigger point injections. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that invasive techniques are of questionable merit. Official Disability Guidelines (ODG) indicates that there is currently insufficient scientific evidence of the effectiveness of botulinum toxin in the treatment of back pain. ACOEM 3rd Edition does not recommend Botulinum injections for low back disorders. The Work Loss Data Institute guidelines for the low back indicates that Botox Botulinum toxin is not recommended. Official Disability Guidelines (ODG) indicates that Botulinum toxin injection is not recommended for mechanical neck disorders, headache, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. Several recent studies have found no statistical support for the use of Botulinum toxin A (BTX-A) for the treatment of cervical or upper back pain, including myofascial analgesic pain, myofascial cervical pain, and myofascial trigger points. Recent systematic reviews have stated that current evidence does not support the use of BTX-A trigger point injections for myofascial pain or mechanical neck disease. There are potentially significant side effects including death. A boxed warning now highlights the possibility of experiencing potentially life-threatening distant spread of toxin effect from the injection site after local injection. MTUS, ACOEM, and ODG guidelines do not support the request for Botox. Therefore, the request for Botox 400 units is not medically necessary.