

Case Number:	CM15-0086147		
Date Assigned:	05/08/2015	Date of Injury:	11/03/1998
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/05/2015

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 54 year old male who sustained an industrial injury on November 3, 1998. He has reported headaches and neck pain and has been diagnosed with cervical spondylotic stenosis, C5-6 and C6-7, complicated with psuedarthrosis status post revision surgery done both anteriorly and posteriorly at C5-6 and C6-7 and dysphonia. Treatment has included surgery, medication, injections, and chiropractic care. Physical examination noted there was tingling into his arms and hands. There was restricted range of motion with flexion and extension after a 2 level fusion. He continued to have dysphonia. The treatment request included 2 sessions of botox therapy with chemodenervation.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Sessions of Botox Therapy (100 units each occasion) with Chemodenervation: 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, pages 25-26.

Decision rationale: Injecting botulinum toxin has been shown to be effective in reducing pain and improving range of motion (ROM) in cervical dystonia, a non-traumatic or industrial disorder. While existing evidence shows injecting botulinum toxin to be safe, caution is needed due to the scarcity of high-quality studies. There are no high quality studies that support its use in whiplash-associated disorder, headaches, and would be precluded for diagnosis of cervical radiculopathy. MTUS advises Botox injections may be an option in the treatment of cervical dystonia, but does not recommend it for mechanical neck disorders, including whiplash, myofascial or migraine headaches. Report from the provider has not documented clinical findings or functional limitations to support for Botox injection under EMG guidance, only noting unchanged pain complaints. There are no neurological deficits demonstrated nor is there any functional benefit documented from treatment previously rendered. Submitted reports have not demonstrated subjective pain relief, functional improvement in ADLs, decreased in medical utilization or increased in work status for this chronic injury. Medical necessity has not been established. The 2 Sessions of Botox Therapy (100 units each occasion) with Chemodenervation is not medically necessary and appropriate.