

Case Number:	CM15-0088734		
Date Assigned:	05/13/2015	Date of Injury:	05/09/2009
Decision Date:	06/12/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 27 year old female, who sustained an industrial injury on 5/9/09. The injured worker has complaints of neck pain. The documentation noted that on 4/7/15 the injured workers symptoms of cervical dystonia were returning and that on examination showed cervical paraspinal muscle spasm had been noted in the past at two and a half months post botox therapy. The diagnoses have included other syndromes affecting cervical region. Treatment to date has included physical therapy; norco; opana; baclofen and zanaflex. The request was for 300 units of botox to be injected at cervical area.

IMR ISSUES, DECISIONS AND RATIONALES

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

300 units of Botox to be injected at cervical area: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792. 20 - 9792. 26 MTUS (Effective July 18, 2009) Page(s): 25 of 127.

Decision rationale: This claimant was injured now six years ago, and has neck pain. There is mention of symptoms of cervical dystonia, but no signs of actual torticollis was noted. There is muscle spasm in the past at 2.5 months post Botox. The MTUS notes: Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. The evidence is mixed for migraine headaches. Botulinum neurotoxin is probably ineffective in episodic migraine and chronic tension-type headache (Level B). (Naumann, 2008) It is ineffective for myofascial analgesic pain relief as compared to saline. (Qerama, 2006) The ODG notes the only indication is for cervical torticollis, which is not noted in this case. There are insufficient signs of torticollis to support this request for Botox. The request was appropriately non-certified. Therefore, the requested treatment is not medically necessary.