

Case Number:	CM15-0089023		
Date Assigned:	05/13/2015	Date of Injury:	05/24/2012
Decision Date:	06/12/2015	UR Denial Date:	04/24/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55-year-old male with an industrial injury dated 5/24/2012. The injured worker's diagnoses include cervical dystonia with significant symptoms persisting, memory loss related to head injury and status post subdural hematoma. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 4/02/2015, the injured worker reported neck spasm with associated daily headaches and persisting memory loss. Objective findings revealed weakness of downward and inward vision of the right eye, cervical paraspinal muscle spasm and some anterocollis. The treating physician prescribed services for Botox injections 100 units #3 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections 100 units #3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox Page(s): 26.

Decision rationale: According to the guideline, Botox is recommended for cervical dystonia. In this case, there were muscle spasms of the cervical spine. Exam notes did not mention a spasmodic torticollis or a movement disorder characterized by tremor or tonic posturing. The claimant does not meet the diagnosis criteria despite mention of dytonia in the assessment. The request for Botox injections is not medically necessary.