

<b>Case Number:</b>	CM15-0089413		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	08/19/2009
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 66 year old female, who sustained an industrial injury on August 19, 2009. She reported being involved in a motor vehicle accident with acute onset of chest and thoracic pain. The injured worker was diagnosed as having multiple pain complaints most notably thoracic spine pain, continuing despite RF ablation, with symptoms primarily muscular with severe spasms. Treatment to date has included MRI, trigger point injections, thoracic medial branch blocks, radiofrequency ablation, physical therapy, x-rays, botulinum injections, chiropractic treatments, electromyography (EMG)/nerve conduction velocity (NCV), and medication. Currently, the injured worker complains of thoracic spine pain with severe pain and spasms higher than in past. The Treating Physician's report dated February 24, 2014, noted the injured worker's physical therapy was reviewed with the current therapy recommendations of the addition of visceral manipulation and craniosacral therapy. The injured worker was provided trigger point injections, noted to have been very effective but short lived in the past, with the Physician recommending botulinum toxin injections for a more lasting benefit. Physical examination was noted to show the cervical spine with straightening of the normal cervical curvature with moderate to severe diffuse pain from the suboccipital region down the paravertebral cervical muscles into the trapezius and scapular rhomboids bilaterally, and decreased range of motion (ROM). Pain with manipulation was noted in the bilateral upper extremities, with diffuse sensation loss right greater than left. The thoracic spine was noted to have discreet tenderness with decreased range of motion (ROM) secondary to muscle spasms at approximately T5-T7. The lumbar spine was noted to have decreased range of motion (ROM)

with pain with straight leg raise bilaterally in the sitting position. The treatment plan was noted to include administration of mid thoracic spine trigger point injections, comprehensive multi-disciplinary pain management, continuation of the present medication of codeine, continued medication monitoring, continued physical therapy with modifications to include visceral manipulation/mobilization and craniosacral therapy, and Botulinum toxin injections to the mid-thoracic spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Botox injections, thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines X 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 25-26 of 127.

**Decision rationale:** Regarding the request for Botox, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia, which is defined as tremor or tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." Within the documentation available for review, there is no indication that the patient has a diagnosis of cervical dystonia. As such, the currently requested Botox is not medically necessary.