

Case Number:	CM14-0119998		
Date Assigned:	08/06/2014	Date of Injury:	08/07/2011
Decision Date:	10/08/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation & Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old female, who reported injury on 08/07/2011. Mechanism of injury was not submitted for review. The injured worker has diagnoses of unspecified head injury, cervical strain, and shoulder/upper arm strain. Treatment consists of surgery, physical therapy, the use of a TENS unit, ultrasound therapy, home exercise program, and medication therapy. On 01/20/2014, the injured worker had an x-ray done of the shoulder. On 06/02/2014, the injured worker complained of pain in the hands. Physical examination of the wrist/hand revealed a range of motion to be within normal limits. The injured worker had a flexion of 80 degrees bilaterally, extension of 80 degrees bilaterally, ulnar deviation of 45 degrees bilaterally, and radial deviation of 15 degrees bilaterally. There was a positive Tinel's sign on the right wrist. Motor strength exam revealed wrist extension and flexion were 5/5 bilaterally. Sensory examination was intact bilaterally. The treatment plan is for the injured worker to undergo Botox injections, quantity not specified. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox (Botulinum Toxin) injections, quantity not specified.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc) Page(s): 25-26.

Decision rationale: The request for Botox (Botulinum Toxin) injections, quantity not specified is not medically necessary. The California MTUS Guidelines state that current evidence does not support the use of Botox trigger point injections for headache pain. It is, however, recommended for cervical dystonia, a condition that is not generally related to workers' compensation, and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisting, or abnormally flexed or extended position or some combination of these positions. There was insufficient medical documentation included to suggest that the injured worker had cervical dystonia. Furthermore, the request as submitted did not indicate the quantity of injections the provider was requesting, a dosage or frequency. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.