

Case Number:	CM14-0123680		
Date Assigned:	09/18/2014	Date of Injury:	12/14/2010
Decision Date:	10/16/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/05/2014

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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a patient with a date of injury of 12/14/10. A utilization review determination dated 7/30/14 recommends non-certification of repeat left scalene Botox injection. 7/16/14 medical report identifies that the patient had suprascapular nerve block in May with complete resolution of shoulder pain and improved functional ROM. Scalene Botox injection in April provided significant improvement in TOS symptoms from scalene dystonia/spasm. Her pain and function improved and she was using less medication and doing increased ADLs and HEP. She has had return of the scalene spasm/dystonia and left upper quadrant pain/neurovascular signs and symptoms over the last two weeks. Repeat Botox was recommended for the scalene dystonia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left scalene Botox injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Botox injection treatme.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26 of 127. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/21628084>

Decision rationale: Regarding the request for repeat left scalene Botox injection, California MTUS states that that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia, which is characterized as a movement disorder of the nuchal muscles with tremor or tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. A search of the National Library of Medicine revealed an article entitled "Botulinum toxin injection for management of thoracic outlet syndrome: a double-blind, randomized, controlled trial." This article concluded that BTX-A injections to the scalene muscles did not result in clinically or statistically significant improvements in pain, paresthesias, or function in this population of subjects with thoracic outlet syndrome. Within the documentation available for review, there is a diagnosis of scalene dystonia, but the clinical findings are noted to reflect spasm rather than dystonia as described above. Given this and the lack of evidence-based support for Botox in the management of thoracic outlet syndrome or cervical spine conditions other than cervical dystonia, there is no clear indication for this procedure. In light of the above issues, the currently requested repeat left scalene Botox injection is not medically necessary.