

<b>Case Number:</b>	CM14-0125278		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/06/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Interventional Spine 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:

The patient is a 44 year old female with an injury date of 04/06/10. The 07/07/14 progress report by [REDACTED] states that the patient presents with left upper extremity compensatory pain. The patient has constant pain rated 4-5/10. Her work status is noted to be temporary total disability. Examination of the right upper extremity notes there is increased swelling around the dorsal hand and fingers. The patient prefers to maintain the fingers in a clawlike position as extension causes pain. The treater notes he fears the fingers will develop stiffness and the patient will lose the ability to move them. There is persistent discoloration, coldness to touch and a wax type appearance of the skin. The patient's diagnoses include;1. Upper extremity pain overuse-compensatory2. Complex regional pain syndrome-upper extremity3. Depression; situational4. Complex regional pain syndrome leg5. Cervical fascia inflammationOn 04/07/4 medications are listed as Norco, Tramadol, Neurontin, Celebrex, Cymbalta, Pennsaid, Lidoderm patch, Zantac, Prilosec, hydrocortisone, Wellbutrin, Amitiza and Zyprexa. The utilization review being challenged is dated 08/01/14. Reports were provided from 12/09/13 to 08/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92,127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page 127

**Decision rationale:** The patient presents with constant left upper extremity compensatory pain rated 4-5/10. The treater requests for Pain management consultation. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 state, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict( s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." The 02/27/14 QME report provided states that on 11/02/10 the patient complained of right upper extremity pain and on 01/31/11 the patient was diagnosed with right complex regional pain syndrome. This report further states the patient was seen by [REDACTED] for pain management in February of 2011 and was referred to [REDACTED] in January of 2012 for a second opinion of pain management. As treatments for chronic regional pain syndrome are documented since 2011 and the patient still presents with constant chronic pain, there is no reason why this patient should not be afforded a specialty consultation to address this persistent and chronic condition. Recommendation is for authorization.

**Botox series for headache, neck and right shoulder pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with constant left upper extremity compensatory pain rated 4-5/10. The treater requests for Botox series for headache, neck and right shoulder pain. [REDACTED] notes on 04/07/14 that prior Botox injections helped the patient significantly with stiffness and range of motion. For Botox the MTUS Guidelines page 25 and 26 state, "not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections". In this case the treater has requested Botox injections for treatment including headache and neck pain which is not supported by MTUS guidelines. Therefore, recommendation is for denial.