

Case Number:	CM14-0133916		
Date Assigned:	08/25/2014	Date of Injury:	06/17/2010
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 52 year old male who was injured on 06/17/10. The mechanism of injury is not described in the submitted documentation. The injured worker is diagnosed with sprain of the neck and brachial neuritis unspecified. Clinical note dated 04/24/14 states the injured worker's pain is located at the Cervico-Thoracic junction on the right and radiates inferiorly to the lower interscapular area, superiorly into the cervico-occipital area and laterally in the trapezius. There is no radiation to the left. Alleviating factors are listed as activity modification, prescription medications, heat, ice and use of a TENS unit. Cervical ROM is 35 forward flexion, 30 extension, 60/45 rotation and 30/25 lateral bending. This note states the injured worker received a Botox injection which provided significant relief for six months that then gradually tapered off, providing a decrease in symptoms lasting approximately 9 months total. Repeat Botox is suggested. Most recent clinical note dated 08/04/14 states cervical spine symptoms persist with a radicular component. Complaints include headache and cervical tightness. Physical examination on this date is significant for moderate tenderness which extends down to the junction of the mid distal third on the right, with tightness on the left without tenderness. Tightness and tenderness are noted in the paracervical musculature on the right with tightness on the left without tenderness. Extension and rotation to either side causes right CT junction discomfort. It is noted Botox has been requested but no response has been received. A Utilization Review dated 08/11/14 denies the request for an injection of Botox, 100 units, into the CT junction, paravertebral musculature, trapezius and medial scapular border. The rationale states, "There is no support for the use of Botox in generalized myofascial conditions, only supported for myofascial pain that is clearly due to cervical dystonia, not evident here."

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of BOTOX 100 units into the CT junction paravertebral musculature, trapezius, and medial scapular border quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter updated 8/4/14

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

Decision rationale: The request for Injection of BOTOX 100 units into the CT junction paravertebral musculature, trapezius, and medial scapular border quantity 1 is not recommended as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines state Botox is recommended for cervical dystonia (spasmodic torticollis) which is characterized by tremor or by tonic posturing of the head in a rotated, twisted or abnormally flexed or extended position. The records and physical examinations submitted for review did not include evidence of spasmodic torticollis. Guidelines do not support the use of Botox injections for headache, chronic neck pain, myofascial pain syndrome or trigger point injections. Based on the clinical information provided, medical necessity of Injection of BOTOX 100 units into the CT junction paravertebral musculature, trapezius, and medial scapular border is not established.