

<b>Case Number:</b>	CM14-0137034		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 41 year old female with a date of injury on 07/08/2010. Diagnoses include probable thoracic outlet syndrome, and left lateral epicondylitis. Patient is status post left carpal tunnel release with De Quervain's release in 2011, and is status post right carpal tunnel release on 9/26/2013. Subjective complaints are of sharp pain in the left elbow and wrist, with numbness and limitation of motion. There were also complaints of lateral epicondylar pain, and tightness in the trapezii. Physical exam showed positive cervical foraminal compression signs bilaterally, with full range of motion. Extremity exam showed positive Tinel's sign and local tenderness over the left lateral epicondyle. Reflexes were hypoactive but symmetrical. The sensory exam was within normal limits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injection (200 units) into the cervical region under EMG (Electromyography) guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15478678>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BOTULINUM TOXIN Page(s): 23.

**Decision rationale:** CA MTUS guidelines do not recommend botulinum toxin injections for the following: tension headaches, migraine headaches, fibromyositis, chronic neck pain, trigger point injections, and myofascial pain syndrome. CA MTUS does recommend botulinum toxin for cervical dystonia, or for chronic low back pain, as an option in conjunction with a functional restoration program. This patient has chronic neck pain and left upper extremity pain. Submitted documentation does not show evidence of cervical dystonia. Therefore, this patient does not meet guideline recommendations, and the medical necessity of Botox injections is not established.